

# Special Needs Food Delivery Consent Form

**Recipient Full Name**

**Contact Information**

**Delivery Address**

**Special Dietary Requirements / Allergies**

**Additional Delivery Instructions**

I acknowledge that I have provided accurate information regarding my dietary requirements and allergies. I consent to receiving food deliveries from the provider above, and release them from liability, except in cases of gross negligence or intentional misconduct.

**Recipient Signature**

**Date**