

# Child Nutrition Assistance Consent Form

## Child Information

Child's Name

Date of Birth

School/Program Name

## Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

## Consent

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I authorize my child to participate in the Child Nutrition Assistance program.

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I understand that information provided may be used for eligibility determination and program administration.

## Allergies or Special Dietary Needs

Please specify if any:

Parent/Guardian Signature

Date