Child Nutrition Assistance Consent Form

Child Information

Child's Name
Date of Birth
Calaaal/Draamara Nama
School/Program Name
Parent/Guardian Information
Parent/Guardian Name
T dione Guardian Huma
Contact Number
Email Address
Consent
I authorize my child to participate in the Child Nutrition Assistance program.
Tada on the participate in the Crima reaction / toolstance program.
I understand that information provided may be used for eligibility determination and program administration.
Allergies or Special Dietary Needs
a mongree or operior around record
Please specify if any:
Derent/Cuardien Signature
Parent/Guardian Signature
Date