



Putting God's Love Into Action

# Food for Thought

a community backpack program Rowan County N.C.

Dear Parent or Guardian,

This letter asks your permission to provide supplemental meals over weekends and some holidays for the duration of your child's current school level (e.g. Elementary, Middle, or High school.)

**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_ **DOB** \_\_/\_\_/\_\_

**Ethnicity (Please check all that apply):**  White  Black  American  Hispanic/Latino/Spanish  
 American Indian  Other

Your child will be provided a backpack for transporting the food to and from school. He/she will be instructed to pick up the backpack from the office on the last day of the week before the weekend or holiday period to take home. He or she will need to return the backpack to the office on the first day back to school after a weekend holiday. The program may send backpacks home during Thanksgiving break or Christmas break. As the school year progresses, should you find you are no longer in need of this service, please let us know so we can provide services to another child in need.

**Do you have access to a:** can opener \_\_\_\_\_ microwave \_\_\_\_\_

By signing this form I agree to allow my child to participate in the Food for Thought Program. I also allow my child's information as provided on this form to be entered into Rowan Helping Ministries Virtual Case Manager. I give permission for my student's academic and performance information to be collected and provided in aggregate with other participants to measure the success of the program. I understand that, for children with food allergies, Food for Thoughts' items may contain possible allergen-containing ingredients.

Parents and guardians concerned with food allergies need to be aware of this risk. Food for Thought will not assume any liability for adverse reactions to foods consumed. By signing this form I agree to assume any and all risks associated with my child's participation in the Food for Thought program including any adverse reaction my child may have to foods consumed.

NOTE: If you find the above paragraphs concerning your child's participation confusing or hard to understand, please ask for assistance at the school so you can obtain further information about this paragraph before you sign your name.

For questions or concerns please contact: \_\_\_\_\_ at \_\_\_\_\_  
School Liaison Name School Liaison Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Parent/Guardian Phone Number