

Portland Backpacks for Bellies

Request & Consent form

Parent/Guardian Name:

Telephone number:

Address:

Email:

Child's name	Grade	Teacher	Special dietary needs (for example, food allergies, diabetes, kosher, or others)

(Need more room? Just ask the school staff for another copy of this form, and submit them together.)

By submitting this form, I am requesting that my child receive free food at the end of each week for the child's meals and snacks. I understand that the program is limited by its ability to raise funds to cover costs.

**This form will not be shared with Portland Backpack for Bellies.
The schools will share only the number of students participating in each school.**

