**Meal Pick-up Approval Form**

**School Year 2021**

NAME OF SCHOOL NUTRITION PROGRAM

I, the parent/legal guardian of the child(ren) listed below authorize:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person authorized to pick up meals on behalf of the parent/legal guardian

to pick of school meals for the following child(ren). I understand that meals are provided at no charge until [enter date] and after this date my child may be charged based on their meal eligibility.

|  |  |
| --- | --- |
| Name of child: |  |
| Name of child: |  |
| Name of child: |  |
| Name of child: |  |
| Name of child: |  |
| Name of child: |  |

Parent/Legal Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Use Only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes:

Sponsor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This institution is an equal opportunity provider.