Grab and Go Meal Pick-Up Permission Form

Fremont City Schools is approved to provide grab and go meals to children in eligible <u>rural</u> <u>areas</u>. Eligible participants include children ages 18 and under or persons 19 and over who are mentally or physically disabled and participating in a public or private non-profit school program for the mentally or physically disabled.

Per program regulations, FCS may allow parents or a designated guardian to pick up meals on behalf of children. A designated guardian may include another adult, such as a grandparent or babysitter functioning as the child's caretaker; or siblings, that have *documented* permission by the parent or legal guardian to pick up meals for the child. Childcare providers and individuals not listed on this form may not pick up meals for a child. If the child is present at the meal pick up, no special permissions are required.

Meals are provided free of charge from June 23 through August 11. Each grab and go meal box will contain 5 breakfasts & 5 lunches.

Meals can be picked up at:
Fremont Ross High School
1100 North St., Fremont
Mondays, 11:30 - 1:00

If a parent/legal guardian wishes to authorize another person to pick up meals for their child, complete the following section.

egal Name
,

Name of Authorized Individual(s)	Relationship

I authorize the above individual(s) to pick up meals for the listed child(ren). Any
individual not listed may not pickup meals for my child(ren).

Certifications ☐ I understand it is my responsibility to ensure the proper storage and preparation of meals once received. ☐ I understand the child(ren) listed is only eligible to receive one meal per meal service type (i.e. Breakfast, Lunch, Supper, Snack). ☐ I agree to follow all food safety instructions included with the meals. ☐ My child(ren) are not formally enrolled in child care with the individual(s) authorized to pick up meals. ☐ I certify the child(ren) listed is ineligible to receive meals provided through another Child Nutrition Program such as the Child and Adult Care Food Program, Summer Food Service Program, or Seamless Summer Option if I choose to enroll in grab and go meals. ☐ I certify that all information on this form is true. Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date **Internal Use Only** Date Received: Reviewed By: Approved By: Date Approved: