



# SUMMER MEAL PICK-UP CONSENT FORM

Lunchroom Manager(check one): ☐ Brantley-Pam Cook ☐ Highland Home-Faye Frazier ☐ Luverne-Kristy Watson

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Person to Pick-Up meals: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Lunchroom Pin# <small>To be completed by lunchroom staff</small>	Names of Children in Household	Age of each child:	School child attends (if applicable)

## Meal Service Mode Provided by School:

BULK MEAL PICK-UP AT YOUR SCHOOL LOCATION - ONLY **ONE (1) BULK MEAL PER CHILD**

ALLOWED EVERY WEEK

## Special Meal Modifications (if applicable)

Student's Name	Modification Required

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

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

Site Supervisor Signature: \_\_\_\_\_

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

CNP Director Signature: \_\_\_\_\_

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

**Return to CNP Director, Ruth Bayman:**

**ruth.bayman@crenshaw-schools.org or 183 Votec Drive, Luverne, AL 36049**