



Dear Parent/Guardian,

Your child, _____ (*Child's Name*), at _____ (*Name of School*) has been given the opportunity to participate in the Lowcountry Food Bank's (LCFB's) Backpack Buddies Program in the 2017-2018 school year! The LCFB's Backpack Buddies Program takes place during regular school hours, and does not take away from normal academic activities or class time.

Students in the LCFB's Backpack Buddies Program will receive a free bag of snacks every weekend. Participation in the LCFB's Backpack Buddies Program is voluntary, discreet, and requires parental/guardian permission for enrollment. If you would like your child to participate please complete the information below. Please be sure to indicate all food allergies your child may have. We send home peanut butter once a month. If your child is allergic, we will make sure not to send a jar home if you indicate on this form that there is a peanut butter allergy in your household. Additional children in your household may also be enrolled in the LCFB's Backpack Buddies Program if space allows.

I, _____ (*print parent/guardian name*) agree to allow my child to participate in the weekly distribution of nutritious snacks sponsored by the Lowcountry Food Bank through the Backpack Buddies program for the current academic school year.

Full Name of Student: _____

Date of Birth: _____ Grade: _____

Food Allergies: _____

Do you have additional children in your household that you would like to enroll if space allows?

| <i>Child's Name</i> | <i>Grade</i> | <i>School</i> |
|---------------------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature: _____ Date: _____

Should you have any additional questions, you may contact the LCFB's Backpack Buddies Program School Coordinator at your child's school.

Thank you!

