



*Parents: Please fill out a separate permission slip for each child.*

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Yes, please enroll my child in the Backpack Program!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list any food allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Please list other children in the house under the age of 18 years.

**Name**

**Age**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**No, please do not enroll my child in the Backpack Program for the following reason:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please let us know if you have any questions or comments.