

BACKPACK FRIENDS

Dear Parent/Guardian,

Area donors are proud to offer Backpack Friends, a weekend child-feeding program. This “backpack” program is designed to send child-friendly food home to **hungry children over the weekends that have little or no food at home**. Many of these children are on the free school lunch program and their parents rely on the school cafeteria as their main source of food for their child.

If you are struggling and need assistance feeding your child on weekends, we would like to give your child the opportunity to participate in our new “**Backpack Friends**” program that will be available beginning _____.

On Fridays, or the last day of each school week, the school coordinator will see that your child discretely receives a **free bag of food** items in his or her backpack before the school day ends. The food items will be for them to take home and eat over the weekend.

Research suggests that adequate nutrition has a positive impact for your child’s learning capabilities. If you feel like your child or family would benefit from this, **please sign the bottom of this letter and return it to the school office** and we will make sure your child’s name is on our distribution list. Your response will be kept confidential.

Thank you,

BACKPACK FRIENDS

Please fill out the following information if you would like your child to participate in our “Backpack Friends” program, and then return it to your child’s school office.

Child’s Name _____

School _____ Class _____

List any food allergies that your child may have _____.

List of other children in the house and their ages:

Your child’s school and Backpack Friends are not responsible for any allergic reaction my child may have to the food items supplied. **It is your responsibility to look through the food items received before giving them to your child to avoid any allergic reaction.**

Therefore, by signing below, I release _____ (school campus), Backpack Friends, and _____ (school district) harmless against all liabilities, damages, losses, or claims resulting from the food.

Parent/Guardian **Signature:** _____ **Date:** _____

PRINT Parent/Guardian Name: _____

Participants are not discriminated against because of race, sex, color, national origin, age or disability.

