

*Parents: Please fill out for each child in your family you would like to participate.*

1. Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

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

Please list any food allergies your child has:

\_\_\_\_\_

2. Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

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

Please list any food allergies your child has:

\_\_\_\_\_

3. Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

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

Please list any food allergies your child has:

\_\_\_\_\_

4. Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

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

Please list any food allergies your child has:

\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please contact school nurse Jennifer Manley if you have other children under 18 who are at home, you would like to be involved with this program. She can be reached at 757-9967 extension 1240.