



Participante _____

Número de teléfono _____

Profesor _____

Grado _____

Estimados Padres y Cuidadores:

Ofrecemos nuestro servicio a estudiantes en **el programa de comidas gratis o a precio reducido**. Food For Thought proporcionará comida semanal a su estudiante por nuestro programa de mochila.

Para que su niño reciba servicios de Food for Thought, requerimos que este papel ser llenado, firmado, y entregado a la escuela. No podemos dar servicios sin permiso del cuidador legal del niño. Este papel quedará en la escuela, y su información personal guardará confidencial.

Food For Thought Outreach, Inc.

1. Participante(s): Nombres de niño(s) a recibir servicios de Food for Thought

A firmar este documento, el cuidador reconoce que un ambiente sin alergenos **no puede ser** garantizado por Food for Thought. Mientras que harémos esfuerzos razonables a dar el participante comida sin alergenos como ingrediente, Food for Thought no puede garantizar que cualquier comida es sin todas pizcas de cualquier alergeno particular. El cuidador reconoce que es consciente de estos riesgos, y que participando en el programa Food for Thought se la exponerá al participante a comida que puede resultar en exposición a alergenos y héridas y, en relación con tales riesgos, el cuidador por este medio libera y descarga totalmente a Food for Thought de cualquier y todo responsabilidad y/o obligación al participante, cuidador o cualquier tercero para muerte y/o héridas al participante y/o cualquier daños y perjuicios directos, indirectos, punitivos o incidentales que surgen de o se refieren a la participación en el programa Food for Thought.

A firmar abajo, Ud. entiende y está de acuerdo con los términos y condiciones de este documento.

Firma de Participante (si tiene 18 años o más): _____

Firma de Padre/Cuidador: _____

Imprima nombre: _____ Fecha: _____



Participant _____

Phone Number _____

Teacher _____

Grade _____

Dear Parents and Guardians,

Our service is offered to students on the **Free/Reduced School Meal Plan** and to those in need of food assistance. For the first half of the school year, we will provide Curbside Services.

In order for your child to receive services through Food For Thought, we need this form filled out, signed, and returned to the school. We are unable to provide services without permission from the child's legal guardian. This form will stay at the school and your personal information will be kept confidential.

1. Participant(s): List the name of the child/children to receive Food for Thought Services

By signing this document, the parent/guardian acknowledges that an environment free of allergens **cannot** be guaranteed by Food For Thought. While reasonable efforts will be made to provide participants with food not containing allergens as an ingredient, Food For Thought cannot guarantee that any food is free from all traces of any particular allergens. The parent/guardian acknowledges that he/she is aware of such risks, and that participating in the Food For Thought program will expose participant to food that may result in exposure to allergens and injury and that in regard to assuming such risks, the parent/guardian hereby fully releases and discharges Food For Thought from any and all liability and/or responsibility to the Participant, the parent/guardian, or any third party for death and/or injuries to participant and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to participation in the Food For Thought program.

By signing below, you understand and agree to the terms and conditions of this document.

Participant Signature (if age 18 or older): _____

Parent/Guardian Signature: _____

Print name: _____ Date: _____