EDWARDS-KNOX SUMMER FOOD SERVICE PROGRAM (SFSP)

Parent/Guardian Consent for Home Meal Delivery

Program Sponsor: _____

Meal Delivery Period: _____

Child Information

Child Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child(ren): _____

Phone Number: _____

Email Address: _____

Delivery Address

Street Address: _____

City: _____ State: NY Zip: _____

Consent for Meal Delivery

I certify that I am the parent or legal guardian of the child(ren) listed above.

I request that meals be delivered to the address listed above through the Summer Food Service Program's Non-Congregate Meal Service.

I understand that:

- Meals are intended only for eligible children age 18 years of age and under.
- Meals provided through this program are free of charge.
- Meals are intended for consumption by the eligible child(ren) identified above.
- I am responsible for proper storage and handling of meals after delivery.
- I must notify the program if my address, household composition, or contact information changes.
- The sponsor may verify information to ensure compliance with Summer Food Service Program requirements.

Parent/Guardian Certification

I certify that the information provided on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____
