**Annual Guardian Permission Form**

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| **Participant’s name:** | | |
| **Mailing address:** | | |
| **Phone:** | | |
| **School:** | **Grade:** | **Age:** |
| **Please list any food allergies and/or dietary restrictions\* your child has:** | | |

*\*We cannot accommodate every dietary restriction but will provide accommodations to the best of our ability.*

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| --- | --- |
| **Emergency contact name:** | **Relationship:** |
| **Address:** | **Phone:** |

* By signing this form, I agree to allow my child to participate in the BackPack Buddies program. I understand that, for children with food allergies, backpack items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. The Inter-Faith Food Shuttle will not assume any liability for adverse reactions to foods consumed. **By signing this form, I agree to assume any and all risks associated with my child's participation in the BackPack Buddies program including any adverse reaction my child may have to foods consumed.**
* I grant or deny permission to the Inter-Faith Food Shuttle to use the image of my child. Photographs, images, and/or video taken of my child may be incorporated in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Food Shuttle’s website (foodshuttle.org).
* I understand that my child’s last name and personal information will not be used in conjunction with any video or digital images or published in any manner.

❑ Grant permission to use my child’s image ❑ Deny permission to use my child’s image.

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**Parent/Guardian Signature Date**