

BIHS Consent for Home Meal Delivery during the COVID-19 School Closure/Option to Pick Up Meals at BIHS

I give consent to Bishop Indian Head Start to deliver meals to my home during the COVID-19 school closure. I understand that household contact information may be shared with school staff, volunteer deliverers or private delivery vendors such as bus transportation contractors. I also give consent for meals to be left if no one is home at the time of delivery.

[If contact information will be shared with an external organization, for example, a local non-profit that will provide meal delivery, include the following: By signing below you are authorizing the school food authority to share your contact information with a third party vendor for meal delivery.]

Address: _____

Phone: _____ Email Address: _____

Number of eligible children in household: _____ (Head Start Enrolled Children)

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

For more information, you may call Susie Cisneros at 760-872-3911 ext. 2510 or email at Susie.cisneros@bishoppaiute.org.

Return this form to: *Bishop Indian Head Start or email to Susie.Cisneros@bishoppaiute.org*

Option to Pick Up Meals at BIHS

I do not need meal delivery service for my child. I _____ (print parent /Guardian name) will pick up my child's meals and snacks at Bishop Indian Head Start between the hours of 7:30am and 8:30am.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Option not to participate currently in meal/snack delivery or pick-up

I do not need meal delivery/pick-up service for my child. I

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

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