

## Consent for Home Meal Delivery

I give consent to *Cushing ISD* to deliver meals to my home for Summer Feeding May 30<sup>th</sup>-June 30<sup>th</sup> Monday-Thursday. I understand that household contact information may be shared with our organization's 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.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of eligible children in household: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For more information, you may call *Brenda Marshall* at 936-326-4890 Ext.262 or email at

[bmarshall@cushingisd.org](mailto:bmarshall@cushingisd.org).

Lunches will be delivered between 11:30-12:30

Return this form to: *Cushing ISD Cafeteria*

Please return form by May 30th

Non-discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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