

Potsdam Snack Pack Program

Providing healthy snacks to students on weekends and holidays

Dear Parent/Guardian:

Your child has been selected to participate in the Potsdam Snack Pack Program. At the end of each school week we will send your child home with a minimum of eight non-perishable food items. Occasionally, information or vouchers from local stores for selected items will be included in the snack packs. Please indicate your consent by signing below and returning the form to school with your child by _____.

Sincerely,

Laurell Brault, Coordinator
Potsdam Snack Pack Program

I give permission for my child:

Full Name: _____

Teacher's Name: _____

To receive healthy snacks and lunch items through the Snack Pack Program. My child has the following food allergies or dietary restrictions (e.g. nuts, gluten free, dairy):

Parent/Guardian Signature

Date

Potsdam Snack Pack Program
200 Market St. #228
Potsdam, NY 13676