

Dear Parent/Guardian:

Your child has been selected to participate in the Potsdam Snack Pack Program. This is a community-based, volunteer run program that provides healthy snacks to students on the weekends. At the end of each school week your child will be sent home with a “snack pack” filled with several snacks and a lunch item. 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 weekend snacks and lunch items through the Snack Pack Program. He/she has the following food allergies or dietary restrictions (e.g. nuts, gluten free, dairy):

Parent/Guardian Signature

Date