

FOR CEP SCHOOLS ONLY

Drive Up Grab n' Go Meals Consent Form

This form **must** be completed and returned prior to picking up Grab n' Go meals.

Date of Lunch
Service

Please return this form to _____ (School Name)

Questions? Please contact your Cafeteria Manager. See contact information below.

Cafeteria Manager's Name: _____ Phone Number: _____

- The USDA has not granted Universal Free.
- Only one breakfast meal and/or one lunch meal per enrolled student per day may be requested. Students receiving meals must be enrolled at _____ (School Name).

PLEASE PRINT LEGIBLY

Name of parent/guardian: _____ Phone Number: _____

Address: _____
(Street Address) (City) (Zip Code)

Enrolled Student's Name	Student's POS #
1.	
2.	
3.	
4.	
5.	

Signature of person picking up meals

Print name

*Signature of parent/guardian

Date

*Signature of Parent/guardian implies consent for meal pick-up and meal received is solely for the student listed above.

If you need the ingredients or allergens in a certain food item, please contact a School Food and Nutrition Service dietitian at (504)596-3444.

This institution is an equal opportunity provider.