

# Consent for Home Meal Delivery during the COVID-19 School Closure

I give consent to Waubun ISD #435 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.

*[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: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

For more information, you may call 218-473-6171.

Return this form to: 1013 3<sup>rd</sup> Street Waubun, MN 56589

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