



Dear Parents or Guardians,

Backpack Buddies of Maple Valley is a program designed to provide nutrition supplementation over the weekend. Participating students will receive an unmarked bag of nutritious food that may include pasta, fruit juice, milk, oatmeal, snack crackers, granola bars, and fresh fruit. Bags will be picked up by students on Fridays (or the last day of the week) from the counseling office. The names of all recipients will only be known to the counselor, school staff assisting with distribution, and the student's teacher.

Please fill out this form and return the following information to the appropriate school counselor. Bags will be sent home shortly after your counselor has received your complete form. Space is limited; therefore, students will be enrolled on a first come, first serve basis until all spaces are filled. Please feel free to contact your school counselor with any questions.

School:

- | | |
|---|---|
| <input type="checkbox"/> Cedar River Elementary | <input type="checkbox"/> Shadow Lake Elementary |
| <input type="checkbox"/> Glacier Park Elementary | <input type="checkbox"/> Summit Trail Middle School |
| <input type="checkbox"/> Lake Wilderness Elementary | <input type="checkbox"/> Tahoma Elementary |
| <input type="checkbox"/> Maple View Middle School | <input type="checkbox"/> Tahoma High School |
| <input type="checkbox"/> Rock Creek Elementary | <input type="checkbox"/> ECEAP |

CONSENT FORM

Please fill out the following information and have your child return it to the school counselor. Include name(s) of child/children that you would like to participate in the Backpack Buddies program.

Student Name _____	Teacher _____
Student Name _____	Teacher _____
Student Name _____	Teacher _____
Student Name _____	Teacher _____

I give permission for my child/children to participate in the Backpack Buddies Program. I understand my child/children will receive a bag of food on the last day of the week for the duration of the school year. I also give permission for the school counselor to share my child's name with his/her teacher(s) and school staff assisting with the food distribution.

In addition, I agree to hold and save harmless the Tahoma School District, its School Board and Employees, and assigns for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described event.

Parent/Guardian name (print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone# _____

Email _____

Allergies _____ Dietary needs _____