

Non-Congregate Parent Consent Form

Nutrition Department



Schools/nonprofit organizations providing non-congregate meals under the Summer Food Service Program (SFSP)/Seamless Summer Option (SSO) have the option to provide meals through parent pickup. **Note: Children are encouraged to be present for pick-up, if possible.** Sponsors must obtain written consent from a child's parent or guardian to pick up meals on the child's behalf. Schools/nonprofit organizations must maintain accountability, program integrity, and household confidentiality.

A guardian is defined as being a legal guardian or someone who has a caregiver relationship with a child. Adults who are principally responsible for the care of the child on the day a meal is received, such as grandparents or other adults functioning as child care providers, are considered suitable guardians to collect meals on behalf of the children on days when they are providing care.

PLEASE NOTE:

Child care providers who care for groups of unrelated children do not fall under the category of a "guardian" and **cannot** collect program meals on behalf of parents or guardians for children attending their child care facility or day care home. This includes sponsors or providers participating in the Child and Adult Care Food Program or other federally funded programs.

Please complete the information and return the form to:

Name of SFSP/SSO Contact: _____

Name of School/Nonprofit Organization: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number of SFSP/SSO Contact: _____

Email Address of SFSP/SSO Contact: _____

Parent or Guardian First and Last Name: _____

Address: _____

City: _____

Phone Number: _____

Email Address (if applicable): _____

The following individual is authorized to pick up meals on behalf of the family if the parent/guardian is unavailable:

First and Last Name: _____

Phone Number: _____

Email Address (if applicable): _____

Attach any additional individuals authorized to pick up.

List all children in the household who will receive a meal and their current age:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

5. Name: _____ Age: _____

Parent or Guardian Signature

Date

SFSP/SSO Representative Signature

Date