Carrie Jones School Counselor Cascade Public Schools 321 Central Ave West Cascade, MT 59421

Dear Parent/Guardian,

The Backpack Program is a partnership between the Cascade School District and the local Cascade Food Bank. The program helps families by providing qualifying children with a food pack of non-perishable items for weekends. This program is entirely free of charge. If you'd like your child to receive extra food for the weekend, please fill out the Program Registration Form on the opposite side of this paper. When it is filled out, please have your child return the form to the Main Office.

Food items may include pop-top canned meals, macaroni and cheese, peanut butter, cereal, shelf-stable fruit, and granola bars. The food will be placed into a food bag that will be discreetly put into students' backpacks at the end of the day on Thursday. The food is not intended to be opened until your child arrives at home.

Parents and guardians concerned with food allergies need to be aware that the Backpack Program items may include ingredients such as nuts, soy, wheat, eggs, and milk. The Cascade Food bank, Backpack Program, and Cascade School District will not assume liability for any adverse reactions to food consumed.

The Backpack Program strives to provide healthy, safe, and kid-friendly food to families in need. Each food item is labeled and sealed by the manufacturer. In the unlikely event that products are past the marked expiration date, please rest assured that we will be committed to working with manufacturers to ensure that it is safe to consume. If you open a package and notice a problem, please contact me right away.

If you have any questions, you may contact either myself or Linda Cotton at the following:

Carrie Jones 406-468-9383 x107 carrie.jones@cascade.k12.mt.us Linda Cotton (Food Bank) Phone Number: 406-899-0174

## Backpack Program Parent Registration Form

| Parent/Guardian: |        |  |
|------------------|--------|--|
| Address:         | Phone: |  |
|                  |        |  |

Total # in Household: \_\_\_\_\_

| Name: | Grade: | Teacher: |
|-------|--------|----------|
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By signing this form, I agree to allow my child/children to participate in the Backpack Program of the Cascade Food Bank and participating school. I understand that the backpack items may include allergen-containing ingredients. Parents/guardians concerned with food allergies need to be aware of the risk. The Cascade School district and the Cascade Food Bank will ot assume any liability for adverse reactions to food provided.

By signing this form, I agree to assume any and all risks associated with my child's/children's participation in the BackPack program including any adverse reactions my child may have to food consumed.

| Parent/Guardian Signature | D. | ate: |  |
|---------------------------|----|------|--|
| Parent/Guardian Signature | D  | ate: |  |