

Regarding: USD 325 Phillipsburg and USD 326 Logan Meals

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to pick up meals for my child(ren)  
(your name) (name of caregiver)

at this site: \_\_\_\_\_(enter PES, PMS, PHS, Glade, Speed, Logan, or Prairie View)

Child(ren)'s names and ages required:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_

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