



OMS FOOD FOR FAMILIES PROGRAM FOOD FOR YOUR CHILD THROUGH OAK MIDDLE SCHOOL

The Community Service and Leadership Club (CSLC) of Oak Middle School believes that it is important for all students to have access to healthy and nutritious food. By offering pantry items to supplement family food budgets we will help all members of the OMS community come to school ready to learn and be the best students they can be.

CSLC is opening the 'Food for Families' food pantry to help students that may need food when school is not in session (weekends/extended breaks), free of charge. All members of the school community are able to receive these weekly bags of food. Food can be sent home with the student or picked up at the Nurses' office on Friday after 10:00 am.

At this time, the weekly food bag will include breakfast and lunch items for the weekend, a snack for the weekend, and every other week ingredients for a dinner meal. In the fall, we will be sending home produce from our community garden as well.

If you would like to have your child participate in this program, we encourage you to sign up by filling out the form below and returning it to the Nurses' Office. Feel free to call 508-841-1204 with any questions.

FOOD FOR FAMILIES CONSENT FORM

Please sign my child(ren) up for the Food for Families program. I understand my child(ren) will receive food on Friday for the weekend for his/her use. This information will be kept confidential.

PLEASE PRINT CLEARLY

Today's Date: _____

OMS student's Name, Grade and Team: _____

Special dietary needs, if any (food allergies, diabetic, kosher) _____

Second student: _____

Special dietary needs, if any (food allergies, diabetic, kosher) _____

Other members of the family that will be present during the dinner meal:

Number of people: _____

Special dietary needs, if any (food allergies, diabetic, kosher) _____

Birthdays of children in the home (we will send home birthday bag the weekend before the birthday: cake mix, frosting, candles and writing gel)

Girls _____ Boys _____

Circle one: Pick up in Food Nurse Office -OR- Send Food Home with Student

If at any time you want to stop your child's participation in the program, please contact the nurse and she will provide you with the required opt-out form to complete.

Parent/Guardian Name: _____

Telephone number (if available): _____