

Dear Elementary Parent or Guardian,

Your child may be eligible to participate in the Operation Backpack Program if they are in **grades K-6** and qualify for free or reduced meals through the school. The Operation Backpack Program provides a food pack of kid-friendly, non-perishable food for your child for weekends and school breaks. This program is available without cost to you.

When you receive notification that your child is eligible for free or reduced meals. You may complete the information below so that your child may participate in the Operation Backpack Program. Please return the completed form to the elementary office.

Operation Backpack 2016-2017 Registration Form

Parent/Guardian Name: _____

School in Attendance: Iowa Valley Elementary

Please list **only** the children enrolled at this school: Iowa Valley Elementary

Name	Grade	Teacher

By signing this form, I agree to allow my child/children to participate in the Operation Backpack program of the HACAP Food Reservoir and Iowa Valley School District.

I understand that for children with food allergies, Operation Backpack items may include allergen-containing ingredients. Parents/guardians concerned with food allergies need to be aware of this risk. The HACAP Food Reservoir, Operation Backpack Program, and Iowa Valley School District will not assume any liability for adverse reactions to food consumed.

The HACAP Food Reservoir and the Operation Backpack Program strive to include healthy and safe food. While some products might be past the marked expiration date, we have worked with the manufacturer to ensure it is still safe to consume. If you open the package and notice a problem, please contact the Operation Backpack Program immediately.

By signing this form I agree to assume any and all risks associated with my child's/children's participation in the Operation Backpack Program including any adverse reaction my child may have to food consumed.

To promote and expand the Operation Backpack Program, the HACAP Food Reservoir, and Iowa Valley School District may wish to use images, photographs, or video of children who are participation in the Operation Backpack Program in materials that my included (but are not limited to) brochures, newsletters, social media and the HACAP Food Reservoir web site.

☐ I deny permission to use images of my child/children.

☐ I grant permission to use images of my child/children. I understand that my child's name and personal information will not be used in conjunction with any images or video.

Parent/Guardian Signature _____ Date _____