



Hi-Five Registration Form 2014 - 2015 School Year

Dear Parent/Guardian,

Orange County Public Schools is offering a program in cooperation with Second Harvest Food Bank of Central Florida to provide nutritious snacks for some of our students during the weekends. The name of this program is the "HI-Five Kids Pack Program". Your child has been selected to participate in this program.

If you'd like your child to participate in the program, please provide the information requested below, sign and return it to the school as soon as you are able. You can have your child bring it in and give it to his or her teacher.

Food packets containing approximately eight items will be given to children on Fridays.

Participant's Name: _____

Address: _____

Phone: _____ Grade: _____ Age: _____

In an emergency please contact-

Name: _____ Relationship: _____

Address: _____ Phone: _____

By signing this form I agree to allow my child to participate in the Hi-Five program. I understand that, for children with food allergies, Hi-Five items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. Second Harvest Food Bank will not assume any liability for adverse reactions to foods consumed. By signing this form I indicate that I am aware of all risks associated with my child's participation in the Hi-Five Program including any adverse reaction my child may have to foods consumed, and agree to immediately notify the school of any allergies my child may have.

Parent/Guardian's Signature

Date

