



BACKPACK
BUDDIES
WEEKEND MEALS FOR STUDENTS

wRight Choice 2020-2021 Backpack Buddies Application & Consent Form

Please sign my child(ren) up for the wRight Choice Backpack Buddies Program. I understand my child(ren) will start receiving a bag of food each week for his/her use over the weekend. The bag will be sent home to my oldest child **UNLESS I NOTE DIFFERENTLY**. Although all food is held to FDA standards, the wRight Choice Backpack Buddies Program is not liable for any illness that occurs as a result of consumption. I understand that by signing up for this program, outside individuals may become aware that my child(ren) receives free lunch.

Application form can be handed in at your child's school office, mailed to: wRight Choice BP Buddies, 877 Bison BLVD, Buffalo, MN 55313, or emailed to: nhanson@bhmschools.org

Today's Date: _____

Child's Name: _____

Grade: _____

School: _____

Teacher: _____

Allergies: _____

Child's Name: _____

Grade: _____

School: _____

Teacher: _____

Allergies: _____

Child's Name: _____

Grade: _____

School: _____

Teacher: _____

Allergies: _____

Child's Name: _____

Grade: _____

School: _____

Teacher: _____

Allergies: _____

***Parent Signature:** _____



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