**Consent for Starkville Oktibbeha School District Volunteer Pick Up/Parent Pick Up in Absence of Child at Meal Sites  
during COVID-19 School Closure**

Please select one of the following:

\_\_\_\_\_ I give consent for a volunteer (relative, friend or other individual) to deliver meals to my home during the COVID-19 school closure. I understand that household contact information may be shared with school staff and/or deliverers.

\_\_\_\_\_I am picking up meals for my children who are not in the vehicle with me at this time.

Please select your preferred pick-up site for meals:

\_\_\_\_\_ Sudduth \_\_\_\_\_ Henderson Ward Stewart \_\_\_\_\_ The Learning Center

\_\_\_\_\_ Sportsplex \_\_\_\_\_ Montgomery Quarters \_\_\_\_\_ Pleasant Grove Church

\_\_\_\_\_ Former West Okt. High School/Maben High School \_\_\_\_\_ Blackjack MB Church

ONLY students living in the Starkville Oktibbeha School District are eligible. **This form must be returned to school/mobile pick-up site for meals.**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of eligible children in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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