Warm Greetings from your School Nurse!

Nutrition is important and critical to maintain health and to support learning. With that in mind, I would like to invite you to sign up for the Backpack Program. This program is a partnership between your school, Cornerstone Food Pantry, the North Country Food Bank and the generous donations received from the community members that help fund this program.

Your child or children are encouraged to participate in this wonderful program! This is a resource for bringing nutritional foods to children to cover the weekend meals that might otherwise be missed.

The Kittson County School Backpack Program will provide your child with a medium bag of non-perishable food every week to be eaten over the weekend. This program will start in the middle of September through the end of the school year.

This bag of food is provided at **no cost to you** or your child. If you have any questions or need additional information, please reach out to me at the Public Heath Department at Kittson Healthcare by phone: 218-843-3662 or by email: shunay.soliah@kmhc.net.

Complete the information below indicating each child to receive a Backpack Program meal pack and turn this form into the school office. Please indicate any food allergies or sensitivities.

Have a fantastic school year!

Shunay Soliah, RN, BSN, PHN

School Nurse

**SIGN UP FOR KITTSON COUNTY’S SCHOOL BACKPACK PROGRAM AND RETURN FORM TO SCHOOL OFFICE!**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Information:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_