



**Weekend Warriors and Summer Lunch Bunch General Release Form**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I \_\_\_\_\_ give my permission for my Child(ren) to participate in the Brown Bag Lunch and/or Week-end Bag Program.

I, also give my permission for the staff of Human Service, Inc. to contact and receive information from the organization/agencies and others deemed necessary for the purpose of providing services regarding myself and/or my dependents residing in my household that are listed immediately below.

Name of Child(ren)	Date of Birth	School Name	Grade in School

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

\_\_\_\_\_  
Date







