

Dear Parents,

We would like to offer your child the opportunity to be a part of the Healthy Foundations Food Program at Brittany Hill Middle School. This is a partnership with community churches to provide child-friendly snacks every weekend during the school year for families in need. It is our hope that providing nutritious food over the weekend will benefit your child in areas of self-esteem, concentration, attendance and academic performance.

Brittany Hill plans to kick off the Healthy Foundations Food Program Friday, September 4, 2015. Each Friday, your child will receive a plastic bag full of non-perishable snacks, in their locker, to take home for the weekend.

Food items are provided by a sponsoring organization. **The Blue Springs School District does not screen these items for expiration dates or ingredient lists.** Please read the labels carefully to ensure the food is safe for consumption by your child and will not result in any allergic reaction. Once your child receives the food, the Blue Springs School District is not responsible for any condition which may result from related food consumption, including allergic reaction.

If, at any point in the school year you are no longer interested in participating in receiving the food, please contact your child's counselor at 874-3470 or send a note to school with your child.

Again, we are happy to partner with the Healthy Foundations Food Program and help alleviate food needs over the weekend. As always, your comments and feedback regarding this program will be greatly appreciated.

Sincerely,

Principal and Staff of Brittany Hill Middle School

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Dear Staff,

I would like my child, \_\_\_\_\_, to participate in the Healthy Foundations Food Program. I, \_\_\_\_\_, acknowledge that I read and understand the school district's clause pertaining to food allergies: **The Blue Springs School District does not screen these items for expiration dates or ingredient lists.** Parents/guardians should read labels carefully to ensure the food is safe for consumption by their child and will not result in any allergic reaction.

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_.

*Please complete and return the bottom of this letter to your Counselor by Wednesday, August 26, 2015.*