

PINELLAS COUNTY SCHOOLS  
**EMPLOYEE AND COMMUNITY PRESCHOOL PROGRAM**

**Alternate Nutrition Agreement**

If food is to be supplied by the child's parents, there shall be a written agreement on file. This form shall define the responsibilities of the parent in meeting the child's nutritional needs and shall be signed by the parent/guardian.

Young children are growing and the food they eat is the material their bodies use to grow. The food a child eats affects his growth, energy, attitudes, intelligence and general health.

**Name of child:** \_\_\_\_\_

Indicate food allergies or special problems \_\_\_\_\_

**I agree to provide food that represents the 5 healthy food groups as noted by the USDA. I will also comply with the Pinellas County Schools Nutrition Standards that snacks may not contain any foods of minimal nutritional value (e.g., chips, candy, gum, soft drinks, etc.)**

(Mark P for parent provides)

_____	_____	_____	_____
breakfast	a.m. snack	lunch	p.m. snack

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

\_\_\_\_\_  
Date