

# Fulton County Nutrition Awareness Program "Grow Eat Move" (G.E.M.)



P.O. Box 512, McConnellsburg, PA 17233 (717) 485-5688  
Susan Cabbage, Manager

## Dear Parent/Guardian,

The Fulton County Nutrition Awareness Program, in partnership with the Fulton County Food Basket and the Central Pennsylvania Food Bank, has coordinated a Back Pack Program with the Southern Fulton School District.

The Fulton County Nutrition Awareness Program recognizes the need beyond individuals and families served on an emergency basis at the Food Basket. There are many school children that rely on resources such as free or reduced school breakfast and lunch in Fulton County. The Back Pack program is designed to meet the needs of these children at times when school resources are not available, such as weekends and school vacations. The Fulton County Food Basket receives donations from individuals and organizations such as the Fulton County Medical Center Foundation and the VFW along with a matching grant provided by the Central PA Food Bank Back Pack Program. ***Some of these foods may be out of date for selling, but are still safe for eating.***

The Back Pack Program will be open to all of Southern Fulton Elementary School Students who will be given the opportunity to participate in weekly interactive lessons. Students will be able to fill their backpacks with non-perishable foods to take home on the weekends. Students will be introduced to healthy alternative choices in a weekly nutrition club called Grow Eat Move (G.E.M) which will teach the importance of healthy snacks, food safety, portions, and physical activity.

The Fulton County Food Basket is a non-profit human service agency and the direct lead agency for those in need of food help in our county.

The Fulton County Nutrition Awareness Program partners with the Fulton County Food Basket through Penn State Nutrition TRACKS to provide nutrition education to adults, school-age and pre-school audiences and teaches better food choices and the importance of a balanced life-style.

If you want your child to participate in this nutrition club, please fill out the registration form and return it to his/her teacher. **If your child was registered in last year's GEM program, you must register again for the new school year.** If you have questions about this program, please contact Susan Cabbage at the Fulton County Food Basket 717-485-5688.



# Fulton County Food Basket "Grow Eat Move" (G.E.M.)



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Back Pack Registration Form 2017-2018 School Year

Participant's Name: \_\_\_\_\_

Gender:  Boy? or  Girl? (please check one) Race: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Age: \_\_\_\_\_

School District: \_\_\_\_\_

In an emergency please contact-

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

By signing this form I agree to allow my child to participate in Back Pack a program of the Central Pennsylvania Food Bank and the Fulton County Food Basket. I understand that, for children with food allergies, Back Pack items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. The Central Pennsylvania Food Bank and the Fulton County Food Basket will not assume any liability for adverse reactions to foods consumed. By signing this form I agree to assume any and all risks associated with my child's participation in the Back Pack Program including any adverse reaction my child may have to foods consumed.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

I grant or deny permission to the Central Pennsylvania Food Bank and the Fulton County Food Basket to use the image of my child. Photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Central Pennsylvania Food Bank web site.

\*I do understand that the child's last name and personal information will not be used in conjunction with any video or digital images.

Deny permission to use my child's image at all.

Grant permission to use my child's image.



Assigned backpack # \_\_\_\_\_

Date received \_\_\_\_\_