VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE

Department of School Division Services
Office of Food Services

COVID-19 Parent Meal Waiver No Child Present Form

Date: _____

1. What is the reason you need to collect meals for your child without them being present?

   _____

2. I agree to only get meals from this site and not receive more than the 2 allowed meals per day. Initial _____

3. Child/Children name(s)

   _____

   _____

   _____

   _____

   _____

   Food Service Employee Signature_____

   Date_____

   Site Location _____