

WAKULLA COUNTY SCHOOL BOARD



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POST OFFICE BOX 100
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TELEPHONE: (850) 926-0065
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ROBERT PEARCE
SUPERINTENDENT

EDWARD HAND
DISTRICT I

MELISA TAYLOR
DISTRICT II

CALE LANGSTON
DISTRICT III

JOSHUA BROWN
DISTRICT IV

LAURA LAWHON
DISTRICT V

Dear Parent,

If your child has a medical condition that prevents him/her from eating a specific food item, you may request a substitution by having the attached Diet Modification Form completed.

The form must be completed by a physician for all medical conditions. Federal regulations require that the specific foods to be omitted and the foods to be substituted are listed. Soy milk or Lactose Free Milk will be provided for lactose intolerance per federal regulations.

Accommodation for dietary modification will be determined on a case by case basis. Please help us to better meet the needs of your child by completing each section of the form and returning it to the cafeteria manager.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen Newton".

Kathleen Newton
Food & Nutrition
Supervisor (850)926-0065
Ext. 9521