

St. Michael-Albertville Public Schools

Special Diet Withdrawal Form

Date of request: _____

Student's Name: _____

School: _____

The STMA School District has on file that your student is following a physician prescribed special diet. Any student who no longer requires a special diet must have a signed confirmation on file. This notice is to inform ISD #885 that _____ (Students Name) is on longer following a physician prescribed special diet and that all foods offered in school are safe to consume.

Parent/Guardian's Signature

Phone Number

Please return this form to:

District Office
Food Service Department
11343 50th Street NE
Albertville, MN 55301