

Discontinuation of Diet Instructions

for Allergies, Intolerances or Disabilities

May have parent signature only, if Lactose Intolerant or Fluid Milk

| Name of Medical Authority* *If life threatening allergy with an Epi Pen can not discontinue diet instructions | |
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| School | |
| I certify that the student named above is no longer in need of special school meals effective on the following date: | |
| Questions about this form, food modifications/menu or 816 -736-5375. Return this form to LPS Nutrition S Office at 801 Kent, Liberty MO or Email | |