



**Colorado Springs School District 11**

**Food and Nutrition Services (FNS)**

5260 Geiger Blvd., Colorado Springs, CO 80915

Phone: 719-520-2923 Fax: 719-520-2935

**Discontinuation of School Meal Modification Prescription**

**PLEASE NOTE:**

**The School Meal Modification prescription on file with Colorado Springs School District #11 Food & Nutrition Services (CSSD11 FNS) will remain in effect until this form has been completed by a recognized Medical Authority;  
Licensed Physician (MD or DO),  
Advanced Practice Nurse/Nurse Practitioner with prescriptive authority (NP), or  
Physician Assistant (PA)  
and has been processed by CSSD11 FNS.**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Current School Meal Modification Prescription

I certify that the student named above is no longer in need of the previously prescribed School Meal Modification(s) effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Authority

OFFICE STAMP:

This institution is an equal opportunity provider.