Merced City School District

Nutrition Services
2266 Cessna Way
Merced, CA 95340
Phone (209) 385-6654
Fax (209) 385-6781

Parent/Guardian's Statement to Remove Meal Accommodations

Directions: This form is to be completed by the parent/guardian of a child who is currently receiving a meal accommodation, but no longer requires the information noted on:

- "Medical Statement to Request Special Meals and/or Accommodations" Form
- "Parent/Guardian Temporary Request for Special Meal Accommodations for 30 days" Form
- "Meal Preference" or "Milk Preference" Forms

Date of request:_____

Student's Name:_____Student's Date of Birth:_____

School:_____ Student School ID#:_____

Allowable Food(s): Please list the food(s) your child can now safely have at school. **The items below must match the original statement on file.** **Foods Now Allowed**

Parent/Guardian Statement:

- My child is now allowed to have the food(s) listed above.
- My child no longer needs any special diet at school.
- My child's healthcare provider is aware I am submitting this request.
- I would like my child to receive meals from the standard menu.

Print Parent/Guardian Name:_____

Parent/Guardian Signature:_____

Date: _____ Contact Number: _____

Return this completed form to your School Nurse. Nutrition Services will update your student's account within 3-5 business days.

Please contact Nutrition Services with any questions at (209) 385-6654. Thank you.

Received by (School Nurse):_____Date:_____