Liberty Public Schools
Nutrition Services
Feeding Dreams

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

Name of Student _____ DOB _____

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 with Liberty Public School: LPSDietitian@LPS53.org or 816 -736-5375. Return this form to LPS Nutrition Services:
Office at 1142 Southview Dr, Liberty MO or Email LPSDietitian@lps53.org /Fax.(Fax: 816-736-5376)
Nutrition Information available at www.SchoolCafe.com/LibertyPS

_____ _____
Signature of Recognized Medical Authority Date

_____ _____
Street Address Phone number

_____
City, State, Zip

Parent/Guardian Signature

I give permission for the dietitian/health professional for LPS to contact the medical authority named above in order to clarify dietary needs for my child.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent Phone Number Parent Email