

Diet Order Change or Discontinuation**99.351**

This form is to be used by a physician or parent/guardian of a student to reduce or eliminate a diet order only. Additions to diet orders must come from a physician in order for Nutrition Services to alter a student diet within federal regulation.

Name of Student:	School Attended:
Student Number:	
Parent/Guardian's Name:	Telephone Number:
Foods that the child is now allowed to have or restriction to be released:	

☐ **Verify in the system that this is the legal guardian of the student.**

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Date: _____

Signature of Parent/Guardian

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