

Discontinuation of Food Allergy and/or Medical Dietary Accommodations Form

If you wish to discontinue your child's special dietary accommodations or your child no longer needs an accommodation, please complete this form. Return this form to your School Nurse .

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade Level/Classroom</u>	<u>Name of School/Site</u>
<u>Name of Parent/Guardian</u>	<u>Phone Number of Parent/Guardian</u>		

By signing this form, I certify that the student listed above no longer needs the previously prescribed meal modification. I understand that the student will now choose their meals, including all food and beverage items from the standard school food and beverage options once this accommodation has been discontinued.

Signature of Parent

Date

Signature of Medical Authority (Optional)

Date

School Staff/Faculty Use Only:

Form Received on _____
Accommodations discontinued on _____

Nurse Contacted on _____
504 Coordinator Contacted on _____