Discontinuation of Special Dietary Accommodations Form

If you wish to discontinue your child's special dietary accommodation or your child no longer requires a special dietary accommodation, please fill out the form below and return it to Kelly Collins at kcollins@plainfield.k12.in.us or mail to 985 Longfellow Lane, Plainfield IN 46168

Student Name	**Date of Birth**	**Grade Level/Classroom**	**Name of School/Site**
Name of Parent/Guardian	**Phone Number of Parent/Guardian**		

By signing this form, I certify, that the student above, no longer needs the previously prescribed meal modification. I understand that the student will now choose their meals and/or beverages 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_____ Meal Accommodations discontinued on_____

☐ Nurse Contacted ☐ 504 Coordinator