Meal Modification Discontinuation Form

If your student no longer requires meal accommodation, please fill out the form below. If the student has a medical statement for meal modification the discontinuation shall be filled out by a physician/medical authority. If the student has a dietary preference form for meal modification a parent/legal guardian may fill out the discontinuation form.

Part A: Student and Parent/Guardian Information	
Student Name:	Birthdate:
School/Site:	Grade:
Parent/Guardian Name:	Parent/Guardian Phone:

Part B: Physician/Medical Authority Discontinuation of Meal Modification		
I certify that the student names above are no longer in need of the previously prescribed meal modifications.		
Signature:	Printed Name:	
Address:	Phone:	Date:

-Or-

Part C: Parent/Legal Guardian Discontinuation of Meal Modification	
I certify that the student names above are no longer in need of the previously prescribed meal modifications.	
Signature:	Date:

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