

## 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 \_\_\_\_\_ at \_\_\_\_\_.

<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 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

\_\_\_\_\_  
Signature of Medical Authority (Optional)

### School Staff/Faculty Use Only:

Form Received on \_\_\_\_\_ Meal Accommodations discontinued on \_\_\_\_\_

☐ Nurse Contacted

☐ 504 Coordinator Contacted