Discontinuation of Site Meal Modifications

If your student no longer requires meal accommodations, please fill out the form below. To be completed by a physician/medical authority or parent/legal guardian.

Licensed Physician/Medical Authority Name _____
OR
Parent Name _____

Student Name _____

Site _____

I certify that the student named above is no longer in need of the previously prescribed meal modifications effective on the following date: _____

_____ _____
Signature of Licensed Physician/Medical Authority Licensed Physician/Medical Authority's Title

OR

_____
Signature of Parent

_____ _____
Street Address Date

_____ _____

This institution is an equal opportunity provider.