

# Discontinuation of Meal Modification Requests

## School Year \_\_\_\_\_

In order to better serve our children, it is important to notify us as soon as possible of any changes to the student's special dietary needs. Please complete this form and return it to the Food Service Manager at your child's school site in order for us to make any menu changes. (We do not need a physician's signature for this form.)

### Must be completed by the Parent/Guardian

County: \_\_\_\_\_

School District: \_\_\_\_\_

Name of Student \_\_\_\_\_ Student's ID \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Select: Discontinuation of current diet prescription/request**

**Discontinuation of part of current diet prescription**

If discontinuation of part of current diet prescription is selected, please indicate the modification needed:

**No longer allergic to:** \_\_\_\_\_

**Other, please describe** \_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

### For School Use only

Date form received \_\_\_\_\_

Date alert changed \_\_\_\_\_

Manager's Signature \_\_\_\_\_

(Please maintain a copy of this form on file and provide a copy to the school nurse, registered dietitian, and/or other school staff as directed by program policies.)

