

## **Discontinuation of Special Dietary Accommodations Form**

If you wish to discontinue your child's special dietary accommodations or your child no longer needs an accommodation, please complete this form. Return this form to .

<b><u>Student Name</u></b>	<b><u>Date of Birth</u></b>	<b><u>Grade Level/Classroom</u></b>	<b><u>Name of School/Site</u></b>
<b><u>Name of Parent/Guardian</u></b>	<b><u>Phone Number of Parent/Guardian</u></b>		

By signing this form, I certify that the student listed above no longer needs the previously prescribed meal modification. I understand that the student will now choose their meals, including all food and beverage items 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 \_\_\_\_\_  
Accommodations discontinued on \_\_\_\_\_

Nurse Contacted on \_\_\_\_\_  
504 Coordinator Contacted on \_\_\_\_\_