

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
Authority's Title

Licensed Physician/Medical

OR

Signature of Parent

Street Address

Date

This institution is an equal opportunity provider.