

Discontinuation of Diet Instructions for Allergies, Intolerances or Disabilities

Name of Medical Authority: _____

Name of Student: _____

School: _____

I certify that the student named above is no longer in need of special school meals effective on the following date: _____.

Signature of Recognized Medical Authority

Date

Street Address

Phone Number

City, State, Zip

Parent/Guardian Signature

Date

Parent/Guardian

I give _____ school's personnel permission to contact the medical
(*Name of School*)
authority named above in order to clarify dietary needs for my child.

Parent/Guardian Signature

Date

Street Address, City, State, Zip

Phone Number

Return Form to School Cafeteria Manager

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

Discontinuation of Fluid Cow's Milk Omission

Name of Student: _____

School: _____

I certify that the student named above no longer needs the omission of fluid cow's milk from school meals effective on the following date: _____.

Parent/Guardian's Signature

Date

Street Address

Phone Number

City, State, Zip

OR

Printed Name of Medical Authority: _____

Recognized Medical Authority's Signature

Date

Street Address

Phone Number

City, State, Zip

Return form to School Cafeteria Manager

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