

Discontinuation of Special Dietary Accommodations Form

If you wish to discontinue your child's special dietary accommodation or your child no longer requires a special dietary accommodation, please fill out the form below and return it to Lake Central School Food Service.

| | | | |
|--|--|------------------------------|----------------------------|
| <u>Student Name</u> | <u>Date of Birth</u> | <u>Grade Level/Classroom</u> | <u>Name of School/Site</u> |
| <u>Name of Parent/Guardian</u> | <u>Phone Number of Parent/Guardian</u> | | |
| <u>Please Remove the Following Dietary Restriction(s) from Students Food Service Account</u> | | | |
| | | | |

By signing this form, I certify, that the student above, no longer needs the previously prescribed meal modification. I understand that the student will now choose their meals and/or beverages 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 _____ Meal Accommodations discontinued on _____

Nurse Contacted