

**Students with Special Dietary Needs:
Dietary Note Removal Form**

School Year _____ - _____

By signing this document, I acknowledge that my child previously had a dietary note (food allergy or religious/cultural restriction) on his/her meal account that is no longer valid. Milford Nutrition Services has my knowledge and agreement to remove the invalid note from my child's account at this time. Should my child develop a new allergy, or need another dietary note placed on his/her account, I will need to complete a new physician's statement form provided by the school nurse indicating this need.

Name of Child:

Child's dietary note to be removed from account:

Grade:

School Enrolled:

Parent's Name:

Parent's Signature:

Date:

Please submit this completed form by one of the following methods:

Mail:

Milford Nutrition Services
1099 State Route 131
Milford, OH 45150

Fax:

(513) 965-6159