

## Discontinuation of Meal Modifications Prescribed by a Medical Authority

Medical Authority's Name \_\_\_\_\_

Student's/Participant's Name \_\_\_\_\_

School/Facility \_\_\_\_\_

I certify that the student/participant named above is no longer in need of the previously prescribed meal modifications effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

## Discontinuation of Substitution for Fluid Cow's Milk Requested by a Parent/Guardian

Name of Student/Participant \_\_\_\_\_

School/Facility \_\_\_\_\_

I certify that the student/participant named above is no longer in need of the previously requested substitution for fluid cow's milk effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

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