

## 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my child previously had a dietary note (food allergy or religious/cultural restriction) on his/her meal account that is no longer valid. West Clermont Child Nutrition 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 submit a new physician's statement form indicating this need.

Name of Child:

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Child's dietary note to be removed from account:

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Grade:

School Enrolled:

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Parent's Name:

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Parent's Signature:

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Date:

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

**Mail:**

West Clermont Child Nutrition  
4357 Ferguson Drive, Suite 200  
Cincinnati, OH 45245

**Email:**

grippa\_m@my.westcler.org