

Discontinuation of Site Meal Modifications

If your student no longer requires meal accommodations, please fill out the form below.
To be completed by a physician/medical authority or parent/legal guardian.

Licensed Physician/Medical Authority Name
OR
Parent Name

Student Name

Site

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

Signature of Licensed Physician/Medical Authority
OR

Licensed Physician/Medical Authority's Title

Signature of Parent

Street Address

Date

This institution is an equal opportunity provider.