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 NameOR	
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:	
OR	
Signature of Parent	_
Street Address	Date

This institution is an equal opportunity provider.

