

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

Licensed Physician/Medical Authority's Title

OR

Signature of Parent

Street Address

Date

This institution is an equal opportunity provider.