

Discontinuation of Meal Modification Requests

School Year 2025-2026

In order to better serve our children, it is important to notify as soon as possible any changes to the student's special dietary needs. Please complete this form and return to the Food Service Manager at your child's school site in order for us to make any menu changes.
(We do not need physician's signature for this form)

Must be completed by the Parent/Guardian

County: _____

School District: _____

Name of Student _____ Student's ID _____ Grade: _____

School Name: _____ Teacher's Name: _____

Select: Discontinuation of current diet prescription/request

Discontinuation of part of current diet prescription

If discontinuation of part of current diet prescription selected, please indicate the modification needed:

No longer allergic to: _____

Other, please describe _____

Parent/ Guardian Signature: _____ Daytime Phone Number: _____

_____ Email Address: _____ Date: _____

For School Use only

Date form received _____

Date alert changed _____

Manager's Signature _____

(Please maintain a copy of this form on file and provide a copy for the School Nurse and District Dietitian)

