



Discontinuation of Special Dietary Need

General Information

Students Name	Age	Name of School	Student PIN/ ID Number	Grade

1. This student has been following a diet that has restricted the following:

2. This student no longer needs to restrict the following dietary items:

3. Additional comments:

By signing this form, I acknowledge that my student will no longer be following the special dietary request that was previously on file and in place through the school nutrition office.

Signatures

Parent or Legal Guardian's Name (Printed)	Relationship	Phone Number
Signature of Parent or Legal Guardian		Date Signed

-For Nutrition Office Use-

Date Received	Updated Alerts	Notifications Sent:
		<input type="checkbox"/> Nutrition Staff <input type="checkbox"/> School Nurse <input type="checkbox"/> Teacher