



MT. VERNON

COMMUNITY SCHOOL CORPORATION

Discontinuation of Special Dietary Accommodations Form

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade Level</u>	<u>Name of School/Site</u>
<u>Name of Parent/Guardian</u>	<u>Parent/Guardian Phone #</u>	<u>Email address of Parent/Guardian</u>	

By signing this form, I certify, that the student above, no longer needs the previously prescribed meal modification. I understand that the student will now choose their meals and/or beverages from the standard school food and beverage options once this accommodation has been discontinued.

Signature of Parent

Signature of Medical Authority (Optional)

Please submit completed form to Nina Murzyn, RDN at nina.murzyn@mvcsc.k12.in.us. Dietary accommodations will be discontinued once this form is processed and filed.