**Discontinuation of Special Dietary Accommodations Form**

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If you wish to discontinue your child’s special dietary accommodation or your child no longer requires a special dietary accommodation, please fill out the form below and return it to Kasey Voeller, RDN at Kasey.voeller@mvcsc.k12.in.us .

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| --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **Grade Level/Classroom** | **Name of School/Site** |
| **Name of Parent/Guardian** | **Phone Number of Parent/Guardian** |

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.

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 Signature of Parent Date Signature of Medical Authority (Optional) Date

