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 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.

