

Discontinuation of Special Dietary Accommodations Form

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 Amanda Deckard, RD at amanda.deckard@wayne.k12.in.us or the Child Nutrition Office at 1155 S. High School Rd. Door 1.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade Level/Classroom</u>	<u>Name of School/Site</u>
<u>Name of Parent/Guardian</u>	<u>Phone Number of Parent/Guardian</u>		
<u>Please list which allergy(s) or special diet(s) is/are being discontinued:</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 Date Signature of Medical Authority (Optional) Date

School Staff/Faculty Use Only:

Form Received on _____ Meal Accommodations discontinued on _____

- Dietitian Contacted Nurse Contacted 504 Coordinator Contacted (if applicable)