Discontinuing Dietary Restrictions

I understand that _____ currently has a medical statement on file indicating
(Student Name)
that the following food(s)/type(s) of foods should be omitted.

Current Food(s)/Type(s) of Food omitted:

_____

_____

_____

Due to changes in his/her dietary needs, the following restrictions can be discontinued as of
_____.
(Date)

Food(s)/Type(s) of Food that are now allowed:

_____

_____

_____

Parent Name (Printed)_____ Date_____

Parent Signature_____

This institution is an equal opportunity provider.