



Hillsborough County Student Nutrition Services

**DISCONTINUATION OF DIET PRESCRIPTION FOR SPECIAL MEALS FORM**  
School Year 2018-2019

Student Nutrition Services strives to make accommodations to every student who has special dietary needs in efforts to be able to feed every child a meal that both meets those needs and is nutritionally sound. To be able to offer our students with as many choices and options as possible, it is important that we are notified as soon as any changes have been made to the student's special dietary needs.

It is imperative that this form is completed and returned to the Student Nutrition Manager at your child's school site in order for our department to make any menu changes.

**Physician's signature is not required with this form**

**Must be completed by the Parent/Guardian**

Name of Student \_\_\_\_\_ Student's ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Select Either: Discontinuation of current diet prescription**  **Discontinuation of part of current diet prescription**

If discontinuation of part of current diet prescription has been selected, please indicate what discontinuation is needed to be made:

No longer allergic to (please indicate specific allergen[s]) \_\_\_\_\_

Other (please indicate below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Daytime Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**For School Use Only**

Date form received \_\_\_\_\_

Date Alert is Changed \_\_\_\_\_

Manager's Signature \_\_\_\_\_

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse and the District Dietitian)