Hillsborough County Student Nutrition Services

DISCONTINUATION OF DIET PRESCRIPTION FOR SPECIAL MEALS FORM
School Year 2019-2020

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**

<table>
<thead>
<tr>
<th>Must be completed by the Parent/Guardian</th>
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<tbody>
<tr>
<td>Name of Student _______________________</td>
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<tr>
<td>School Name __________________________</td>
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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)