



Hillsborough County Student Nutrition Services

DISCONTINUATION OF DIET PRESCRIPTION FOR SPECIAL MEALS FORM School Year 2021-2022

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)