

Chester County School District
Discontinuation of Diet Instructions for Allergies, Intolerances or Disabilities

Name of Medical Authority: _____

Name of Student: _____

School: _____

I certify that the student named above is no longer in need of special school meals effective on the following date:

_____.

Signature of Recognized Medical Authority

Date

Street Address

Phone Number

City, State, Zip

Parent/Guardian Signature

Date

Parent/Guardian

I give _____ school's personnel permission to contact the medical authority
(Name of School)
named above in order to clarify dietary needs for my child.

Parent/Guardian Signature

Date

Street Address, City, State, Zip

Phone Number

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.