

**Diet Order Change or Discontinuation**

**99.351**

*This form is to be used by a physician or parent/guardian of a student to reduce or eliminate a diet order only. Additions to diet orders must come from a physician in order for Nutrition Services to alter a student diet within federal regulation.*

<b>Name of Student:</b>	<b>School Attended:</b>
<b>Student Number:</b>	
<b>Parent/Guardian's Name:</b>	<b>Telephone Number:</b>
Foods that the child is now allowed to have or restriction to be released:	

**Verify in the system that this is the legal guardian of the student.**

I hereby give my permission for the school staff to follow the above stated nutrition plan.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Parent/Guardian**

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