Phoenix #1 Discontinuation of Site Meal Modifications

If your student no longer requires meal accommodations, please fill out the form below. To be completed by a physician/medical authority **OR** parent/legal guardian.

Licensed Physician/Medical Authority Name _____

OR

Parent Name (REQUIRED) _____

Student Full Name (REQUIRED) _____

School Site (REQUIRED) _____

I certify that the student named above is no longer in need of the previously prescribed meal modifications effective on the following date:

_____ _____
Signature of Licensed Physician/Medical Authority Date (REQUIRED)

_____
Licensed Physician/Medical Authority's Title

OR

_____
Signature of Parent

_____
Street Address of Parent

_____
Parent Phone Number (REQUIRED)

_____
Parent Email

This institution is an equal opportunity provider.

Inspiring Every Child to Achieve
PHOENIX #1
Elementary School District

07.2023