Discontinuation of Site Meal Modifications

If your student no longer requires meal accommodations, please fill out the form below and send it to meal.modifications@jeffco.k12.co.us.
To be completed by a physician/medical authority or parent/legal guardian.

Licensed Physician/Medical Authority Name ______________________________________________________
OR
Parent Name ________________________________________________________________________________

Student Name ________________________________________________________________________________
Site __________________________________________________________________________________________

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 Licensed Physician/Medical Authority’s Title
OR

______________________________________________________________
Signature of Parent

______________________________________________________________
Street Address Date

This institution is an equal opportunity provider.