

Discontinuation of Diet Modification Form 2025-2026

This form is used to notify Hernando County Schools Food and Nutrition department of any discontinuation of diet modifications previously requested. Use this form if your student no longer needs a special diet. A doctor's signature is not required to discontinue a diet modification/allergy.

Completed by Parent

Student ID: _____ Birth Date: _____

Student Name: _____

School: _____ Grade Level: _____

Parent/Guardian Name (Print): _____ Phone Number: _____

Email: _____ Parent/Guardian Signature: _____

What do you want to discontinue:

Yes, discontinue all food allergies for the student listed above:

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Stop part of the special diet plan: If so please complete both areas below

My student is no longer allergic to: _____

My student is still allergic to: _____

Other changes: _____

School use only

Date received by Café Specialist: _____ Specialist Signature: _____

Date Submitted to FNS RD: _____ RD Signature: _____