

Cancellation Letter for Special Meals and/or Accommodations

Today's Date:

(Name, address, telephone # of Licensed Medical Authority)

Stefanie Braun, RD
1769 E Moody Blvd Bldg. 2
Bunnell, FL 32110
Tel: (386) 437-7526 ext. 1157

Effective (today's date) _____, please cancel the Medical Request for Special Meals and/or Accommodations for (student's name) _____ (dated on) _____. Based on my assessment and medical opinion of this student, he/she no longer requires any special meals and/or accommodations at this time.

A copy of this letter must be faxed to Stefanie Braun, RD, Food and Nutrition Services Dietitian at (386) 437-7570.

(Licensed Medical Authority Signature)

(Parent/Guardian Signature)