



Paramount Unified School District Student Nutrition Services Department

WITHDRAW MEDICAL STATEMENT TO REQUEST SPECIAL MEAL AND/OR ACCOMODATION FORM

Note to parent or guardian: If you no longer require special meal and/or accommodation for your child, please complete this form and submit it to your child's school nurse/cafeteria manager.

_____ (name of child) who attends

_____ (school site name) no longer needs special meal and/or accommodations. Please void the medical statement to request special meal and/or accommodations that is on file for this student. By submitting this form, Paramount Unified School District Student Nutrition Services Department will not be responsible to provide special meal and/or accommodations and a new "Medical Statement to Request Special Meals and/or Accommodations" form will need to be submitted if requesting meal accommodations in the future.

Name of Parent or Guardian

Signature Parent or Guardian

DATE