

CLARK COUNTY SCHOOL DISTRICT

FOOD SERVICE

Parent/Guardian Statement to Discontinue a Special Diet

School Year _____

Directions: This form is to be filled out by the parent/guardian of a child who is currently receiving a special diet but no longer requires the special diet.

School: _____

Name of Student _____

Student Number _____ Date of Birth _____

Parent/Guardian Statement: My child no longer requires a special diet. I would like my child to receive meals from the standard menu.

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____

- Once form is complete, school health office to fax the completed form to Health Services at 702-799-8671
- Health Services to email: specialdiets@nv.ccsd.net with subject line: Discontinue Diet
- Once completed form is received, Food Services will remove restrictions from student's account and discontinue special diet meals.