

Students with Special Dietary Needs: Dietary Note Removal Form

School Year _____ - _____

By signing this document, I acknowledge that my child previously had a dietary note (food allergy or religious/cultural restriction) on his/her meal account that is no longer valid. West Clermont Local Schools has my knowledge and agreement to remove the invalid note from my child's account at this time. Should my child develop a new allergy, or need another dietary note placed on his/her account, I will need to update the Health Record form located on the district web site indicating this need.

Name of Child:

Child's dietary note to be removed from account:

Grade:

School Enrolled:

Parent's Name:

Parent's Signature:

Date:

Please submit this completed form by one of the following methods:

Mail:

West Clermont Local
School District
Attention: Child
Nutrition; District
Nurse
4350 Aicholtz Rd.
Cincinnati, OH 45245

Fax:

(513) 514-8848

Email:

mccleese_t2@my.westcler.org
and
sandlin_h@my.westcler.org