



**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.

\_\_\_\_\_ (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, Downey Unified School District Food Services Dept. 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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Medical Doctor

\_\_\_\_\_  
Medical Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Doctor's Office Stamp