

Addendum: Against Medical Advice Form for Medical Statement for Special Dietary Accommodations



All sections must be completely filled out before the form is accepted.

To be completed by parent or guardian: Student ID #: _____

Student's Name: (Last) _____ (First) _____ Date of Birth: ____/____/____

School Attending: _____ Grade: _____

Parent/Guardian Name: (First and Last) _____

Parent Contact Phone Number: _____ Email: _____

This is to certify that I (parent's/guardian's name) _____, wish to remove my student (student's name) _____ from:

Meal Modifications/Special Diet (specify changes below)
 All Meal Modifications/Special Diet
 Specific Meal Modifications: _____

Allergen Aware Table (separate table for students with allergies – requested by parent)

I understand that this may be against the diagnosis and recommendations of the doctor based on an allergy test. I further understand that Peoria Unified School District and any of its departments will not be held responsible to any exposure to the documented allergies.

Parent/Guardian Signature: _____ Date: _____