

Date:

Universal Academy Charter School

<p>Student:</p> <p>Grade:</p> <p>Date of birth:</p> <p>Dietary Concern:</p>

Dear Parent/Guardian,

You have indicated that your student has a dietary restriction: _____.

For the school to make accommodations in this regard, we need your health care provider to complete the attached form. Please return this to the health office and a copy will go to nutrition services. This order should stay in effect until your health care provider clears your student in writing.

Please let us know if there are any further precautions we should take at school.

Thank you