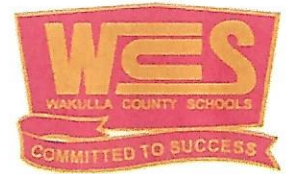




WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD POST
OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850) 926-0065
FAX: (850) 926-0123



ROBERT PEARCE
SUPERINTENDENT

VERNA BROCK
DISTRICT I

MELISA TAYLOR
DISTRICT II

CALE LANGSTON
DISTRICT III

GREG THOMAS
DISTRICT IV

JO ANN DANIELS
DISTRICT V

Dear Parent,

If your child has a medical condition that prevents him/her from eating a specific food item, you may request a substitution by having the attached Diet Modification Form completed.

The form must be completed by a physician for all medical conditions. Federal regulations require that the specific foods to be omitted and the foods to be substituted are listed. Soy milk or Lactose Free Milk will be provided for lactose intolerance per federal regulations.

Accommodation for dietary modification will be determined on a case by case basis. Please help us to better meet the needs of your child by completing each section of the form and returning it to the cafeteria manager.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen Newton".

Kathleen Newton
Food & Nutrition Supervisor
(850)926-0065 Ext. 9521