



WAKULLA COUNTY SCHOOL BOARD

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ROBERT PEARCE
SUPERINTENDENT

BECKY COOK
DISTRICT III

VERNA BROCK
DISTRICT I

GREG THOMAS
DISTRICT IV

MELISA TAYLOR
DISTRICT II

JOANN 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 except lactose intolerance. **Federal regulations require that the specific foods to be omitted and the foods to be substituted are listed.**

If the medical condition is lactose intolerance you may complete the form, sign and return it to the cafeteria. **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 "Gina Ward".

Gina Ward
Food & Nutrition Supervisor
(850)926-0065, ext. 9521