

Request for Special Dietary Accommodations

_____ Student / Participant Name	_____ Date of Birth
_____ Parent / Guardian Name	_____ Phone
_____ Mailing Address	_____ City/State/Zip
_____ School / Center / Site	_____ Grade / Classroom
_____ Signature of Parent/Guardian	_____ Date

Diet Order

Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

- 1. Describe how the impairment affects the child** (i.e, how the ingestion/contact with the food impacts the child):

- 2. Explain what must be done to accommodate the child's diet** (i.e, specific food(s) to be omitted/avoided from the child's diet):

- 3. List food(s) and/or beverages to be substituted, provided, or modified:**

Signature of State-Recognized Medical Authority*

Date

Clinic Name

**State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Washington: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP).*

This institution is an equal opportunity provider.