

## Request for Special Dietary Accommodations

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

### Diet Order

Federal law and USDA regulation require school 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, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. List the food(s) / beverage(s) to be avoided:
  
  
2. How does ingestion of the food/beverage affect the child:
  
  
3. List all food(s) and/or beverages to be substituted for the food/beverage to be avoided:

\_\_\_\_\_  
Signature of State-Recognized Medical Authority\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\*A licensed health care professional authorized to write medical prescriptions in Washington