**Request for Special Dietary Accommodations**

**Student / Participant Name**

**Parent / Guardian Name**

**Mailing Address**

**School / Center / Site**

**Signature of Parent/Guardian**

---

**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

*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.