

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 body 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:

**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).*

Signature of State-Recognized Medical Authority*

Date

Clinic Name

This institution is an equal opportunity provider.