



EPHRATA SCHOOL DISTRICT NO. 165

111 4th Ave NW | Ephrata, WA 98823 | Phone: (509) 754-4401 | Fax: (509) 754-7266
ephratafoods@ephrataschools.org | EphrataSchools.org | Timothy Payne, Superintendent

FOOD SERVICE DEPARTMENT

Alain Black, Food Service Director

Request for Special Dietary Accommodations

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

Student Name _____ Birth Date _____ Grade _____ School _____

Parent/Guardian Name (please print) _____ Cell Phone _____ Home Phone _____

I certify that I am the parent, legal guardian or other person in legal control of the above identified student and request and authorize the school to administer the following diet prescription to the above identified student in accordance with the physician's instructions for the period from ___/___/___ to ___/___/___ . (not to exceed one calendar school year)

Parent/Guardian Signature: _____ Date: _____

DIET ORDER - State Recognized Medical Authority* MUST COMPLETE and SIGN THIS SECTION.

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 _____ Phone _____

Printed name of State-Recognized Medical Authority* _____ Clinic Name _____ Fax _____

*State-Recognized Medical Authority is a licensed healthcare 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).



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Dear Parent/Guardian;

The Ephrata School District adheres to the National School Lunch Program guidelines regarding accommodations for special dietary needs. If your child has a medical condition that affects their diet, they can submit a "Request for Special Dietary Accommodations" form. All students with dietary disabilities will receive school meals appropriate for their needs. The Food Services department cannot accommodate a student's personal or religious food preferences.

To request a special dietary accommodation please complete the following:

1. Fill out the top section of the Special Dietary Needs Request Form on the back of this page.
2. Bring this form to your medical doctor or other state-recognized medical authority. The medical authority signing the form must complete the "Diet Order" portion of the form and sign it.
3. Completed forms will include:
 - a. Student's name.
 - b. Description of how the impairment affects the student.
 - c. Specific foods to be avoided.
 - d. Specific foods to be substituted.
 - e. Signature of State-Recognized Medical Authority.
4. All parts of the form must be completed for an accommodation to occur.
5. Return the completed form to the school office where your child attends or fax to (509) 754-7266.

If you have questions regarding this process or disagree with the meal modification provided by the Food Services department, you may call the Food Services office at (509) 754-4401 or the Ephrata School District office at (509) 754-2474.

Sincerely,

Alain Black
Food Services Director