Steilacoom Historical School District No. 1
511 Chambers Street
Steilacoom, WA 98388
Telephone: (253) 983-2544 Fax: (253) 584-7198

Dietary Prescription for Student without Disability

IS THIS A REQUEST FOR COWS MILK SUBSTITUTION: Yes No

FOR INTERNAL USE INFORMATION ONLY: If yes, the local education agency must request approval from the Office of Superintendent of Public Instruction- Child Nutrition Services prior to making milk substitutions and must follow USDA regulations. Request for milk substitutions may be signed by a parent/guardian OR recognized medical authority for students without disabilities.

Student's Name:______________________________ Birthdate: ______________

School: ______________ Grade: ________ Teacher: ______________________

Parent/Guardian Name:______________________ Phone: ______________________

Address: ______________________ City: ____________ State: WA Zip code: ________

Parent/Guardian Signature: ____________________________ Date: ____________

Diet Order- To be completed by a Recognized Medical Authority

The definition of a Recognized Medical Authority in Washington State is limited to the following professionals only: Medical Doctor; Doctor of Osteopathy; Licensed Physician's Assistant with prescriptive authority; Licensed Advanced Registered Nurse Practitioner with prescriptive authority; Licensed Naturopathic Physician.

1. What is the student's special dietary need: ______________________________

2. List all food(s) and/or milk to be omitted: ______________________________

3. List all food(s) and/or milk to be substituted: ______________________________

4. List any foods that require texture modification and describe how to prepare (chop, grind fine, puree, etc.): ________

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5. Describe any other comments about the student's eating or feeding patterns: ______________

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Signature of Recognized Medical Authority: ______________________________ Date: ____________

Printed Name of Recognized Medical Authority: ____________________ E-mail: ____________

Address:______________________________________ Phone:____________________