FEDERAL WAY
PUBLIC SCHOOLS

Department of
NUTRITION SERVICES

Request for Special Dietary Accommodations

Send completed form to catering@fwps.org

_____	_____	_____	_____
Student Name	Date of Birth	School	Grade
_____	_____	_____	_____
Parent Name	Phone Number	Email Address	Signature
_____	_____	_____	_____
Physician Name	Physician Phone Number	Physician Fax Number	Physician's Clinic

Federal law requires 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:

After review by FWPS Nutrition Services to ensure answers provide full clarity on the diet to be provided, a diet order will be sent to the child's physician to be signed.

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FWPS is an equal opportunity provider.