Washington Office of Superintendent of
PUBLIC INSTRUCTION

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

Email Address: _____@_____

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:**

**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