



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

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



Lake Roosevelt Schools
503/505 Crest Drive
Coulee Dam, WA 99116
Phone: Jr/Sr: (509) 633-1442 | Elem: (509)633-0730

If you would like a dietary accommodation for your student's allergy and/or disability at school, Food Services/OSPI **REQUIRES** that dietary forms are completed by you and your child's health care provider and returned to the school office within **45 days of you notifying the LR Health Room of your student's dietary accommodation needs**. If we do not receive the dietary substitution form within that 45 day period, your child **will not be accommodated** and will be provided the regularly prepared meal without substitutions until these forms are received.

This form only needs to be completed ONCE (not annually) while your child is enrolled at Grand Coulee Dam School District unless you notify us that changes need to be made for the dietary accommodations.

Thank you for helping us take care of your student's dietary needs. If you have any questions please do not hesitate call.

Thank you!
LR Health Room
509-631-3165

Attachment A: Foods to be Omitted and Substituted

Special Dietary Needs for School Meals

Child's Name: _____ Date: _____ Grade Level: _____

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. This information can be provided using this form or by writing a separate diet order. Foods are listed alphabetically by food category.

Dairy: ☐ Milk Allergy ☐ Lactose Intolerant ☐ Other: _____

Foods to Exclude

- ☐ Fluid Milk
- ☐ All ingredients containing milk*
- ☐ Cheese
- ☐ Yogurt
- ☐ Butter
- ☐ Cream/Ice Cream
- ☐ Baked goods made with milk
- ☐ Buttermilk
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Lactose-free milk
- ☐ Plant-based milk alternates
(e.g. soy, almond, and rice milk)
- ☐ Plant-based cheese alternates
- ☐ Other, Specify: _____

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs ☐ Egg Allergy ☐ Other: _____

Foods to Exclude

- ☐ Eggs*
- ☐ Baked goods containing eggs
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Egg-free protein options
- ☐ Egg-free baked goods
- ☐ Other, Specify: _____

*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaisse, Meringue (meringue powder), Ovalbumin, Surlini

Grains ☐ Wheat Allergy ☐ Celiac Disease ☐ Gluten Intolerant ☐ Other: _____

Foods to Exclude

- ☐ Wheat*
- ☐ Condiments
- ☐ Rye
- ☐ Oats
- ☐ Barley
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Gluten-free alternative grains
- ☐ Wheat-free alternative grains
- ☐ Rice
- ☐ Corn products
- ☐ Quinoa
- ☐ Other, Specify: _____

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seltan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Meat

Foods to Exclude

- ☐ Beef
- ☐ Pork
- ☐ Poultry
- ☐ Lamb/Mutton
- ☐ Seafood
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Plant-based meat alternates (e.g. tofu)
- ☐ Eggs
- ☐ Dairy (e.g. cheese, yogurt)
- ☐ Peanuts & Peanut Butter
- ☐ Beans
- ☐ Other, Specify: _____

Peanut/Tree Nuts ☐ Peanut Allergy ☐ Tree-Nut Allergy ☐ Other: _____

Foods to Exclude

- ☐ Peanuts & Peanut Butter
- ☐ Peanut Oil
- ☐ All Tree Nuts* & Nut Butters
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Soy Butter
- ☐ Sunflower Seed Butter
- ☐ Almond Butter
- ☐ Nut-free protein options

*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nanga nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

Seafood ☐ Fish Allergy ☐ Shellfish Allergy ☐ Other: _____

Foods to Exclude

- ☐ Crustaceans (crab, shrimp, lobster)
- ☐ Mollusks (clam, mussel, oyster, scallop)
- ☐ Finned Fish*
- ☐ Caesar Dressing
- ☐ Imitation fish/crab
- ☐ Other, Specify: _____

Allowable substitutes

- ☐ Non-fish protein options
- ☐ Other, Specify: _____

*Finned Fish Include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

Other Condition: _____

Foods to Exclude

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Allowable substitutes

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Signature of Preparer	Printed Name	Date
Signature of Medical Authority & Credentials	Printed Name	Date