Diet Prescription for Meals at School – Food Services

Parent Instructions:

1. If your child needs a special diet prescription for SCHOOL MEALS due to a health condition requiring accommodation, use this form.
2. The Diet Prescription for Meals at School Form should be completed and signed by a Physician or Recognized Medical Authority.
3. Return the completed form to the administrative assistant at your child's school.

School Instructions:

1. School Nurse to process Diet Prescription for Meals at School Form and scan to Food Services and Operations Administrative Assistants (Attn: Laura Davis and Clover Martin) for entry.

Student Name: _____ **Birthdate:** _____

School: _____ **Grade:** _____

To be completed by the child's Physician (if describing a disability) or a recognized Medical Authority*

Section A: Health condition requiring a special diet:

Food Allergy

- ☐ Has a life threatening/severe reaction to: _____
- ☐ Has a mild reaction and needs to avoid: _____
- ☐ Other: _____

Section B: Diet Prescription – Enter below additional instructions if necessary._____

_____

_____

Foods to Omit:	**Foods to Substitute:**

I certify that the above-named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

Name: _____ Office Phone: _____
(Please print)
Signature*: _____ Clinic: _____

I understand that if my child's medical or health needs change, it is my responsibility to notify the school and have a new Diet Prescription for Meals at School form completed.

_____ _____ _____

Parent/Guardian Signature Phone Number Date

FS Computer Entry Date: _____

**State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Washington.*