



RAINIER SCHOOL DISTRICT

"Home of the Cougars, Mountain Lions, and Mountaineers"

Elementary

600 Third Street West /PO Box 98
Rainier, WA 98576
Phone: 360-446-4020
Fax: 360-446-4022

Middle

202 2nd Street West/PO Box 98
Rainier, WA 98576
Phone: 360-446-2206
Fax: 360-446-7414

High

308 2nd Street West/PO Box 98
Rainier, WA 98576
Phone: 360-446-2205
Fax: 360-446-2208

Request for Special Dietary Accommodations

Student/Patient 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 student):
- 2. Explain what must be done to accommodate the student'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**

(Name, please print)

Date

Clinic/Company Name

Phone