

C6: Request Non-Life-Threatening Dietary Accommodations

(G3: Student Food Allergy Assessment Form is also required from parent/guardian).

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

State Recognized Medical Authority to Complete the Following Section**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):

3. List food(s) and/or beverages to be substituted, provided, or modified:

*Signature of State-Recognized Medical Authority: _____ Date: _____

State-Recognized Medical Authority Name (Print): _____

Clinic Name: _____ Phone: _____ Fax: _____

*State-Recognized Medical Authority is a licensed healthcare 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).

School Nurse Instruction

This form is required for any student requesting NON Life-Threatening special dietary accommodations. This form is not required if the student has a completed Severe Allergy Medication Form (G1) for a LIFE-THREATENING allergy.

***** A copy of this completed form must be sent to Food and Nutrition Services, Attn: Heidi Stringer. *****

Sent By: _____ Date Sent: _____