

Child Nutrition Request for Diet Prescription for Meals at School

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 Child Nutrition Department Administrative Assistants(Attn:Heather Seigman 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

CN Computer Entry _____

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