

## REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

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Student/Participant Name

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Birthdate

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Parent/Guardian Name

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Phone

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Mailing Address

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City/State/Zip

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School/Center/Site

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Grade/Classroom

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Parent/Guardian Signature

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Date

### Diet Order

Federal law and USDA regulations require nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment that 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 food impacts the child).
  
2. **Explain what must be done to accommodate the child's diet** (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.**

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Signature of State Recognized Medical Authority\*

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Date

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Clinic Name

*\*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).*