Washington Office of Superintendent of
PUBLIC INSTRUCTION

REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

Participant Name _____ Date of Birth _____

Parent / Guardian Name _____ Phone _____

Mailing Address _____ City/State/Zip _____

Center / Site _____ Date _____

Signature of Parent/Guardian/ Participant _____

Diet Order

Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate participants 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 participant** (i.e., how the ingestion/contact with the food impacts the participant):

2. **Explain what must be done to accommodate the participant's diet** (i.e., specific food(s) to be omitted/avoided from the diet):

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

* *State licensed healthcare professionals and registered dietitians may write medical statements to request meal modifications. This includes: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, Advanced Registered Nurse Practitioner (ARNP) or Registered Dietitian (RD).*

_____ _____

Signature of State-Recognized Medical Authority* Date

_____

Clinic Name