### Request for Special Dietary Accommodations

<table>
<thead>
<tr>
<th>Student / Participant Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Guardian Name</td>
<td>Phone</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>School / Center / Site</td>
<td>Grade / Classroom</td>
</tr>
<tr>
<td>Signature of Parent/Guardian</td>
<td>Date</td>
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</tbody>
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### 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 from the child’s diet):

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

   __________________________________________________________________________________________________

   ____________________________
   Signature of State-Recognized Medical Authority*

   ____________________________
   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).*

This institution is an equal opportunity provider.