

# LSSD C6: Request for Special Dietary Accommodations

This form is required for any student requesting special dietary accommodations to a school meal program. This form is **not** required if the student has specific food allergen accommodations through an LSSD Severe Allergy Care Plan (G1). In the event additional dietary accommodations are requested, (and not specifically addressed in G1), then this form is required by the Food and Nutrition (F&N) Services department to be filled out and signed by a State-Recognized Medical Authority.

## 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.

### INSTRUCTIONS

1. The School Nurse will distribute form to Parent/Guardian upon request.
2. Once the form is completed and returned to the School Nurse, a copy will be sent to F&N Services, Attn: Heidi Rodriguez.
3. Once received, the request will be processed by F&N Services. The family may be contacted for additional information.

Dated  
Received:

\_\_\_\_\_ RN

\_\_\_\_\_ F&N

### Parent/Guardian Section

\_\_\_\_\_  
Student / Participate Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
School

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Grade / Classroom

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### State-Recognized Medical Authority Section

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

\_\_\_\_\_  
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).*

Questions? Contact Food & Nutrition Services 425-335-1561 • Heidi Rodriguez, MDA, RD • Heidi\_Rodriguez@lkstevens.wednet.edu