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| **Request for Special Dietary Accommodations** |

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| Participant Name: | Date of Birth: |
| Guardian Name: | Phone: |
| Mailing Address: | City/State/Zip: |
| School Name: |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Participant or Guardian Date |

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| **Diet Order**Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate those 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 must be done to accommodate the participant’s diet (i.e., specific food(s) to be omitted/avoided from the participant’s diet). May use Attachment A, as needed.
3. List food(s) and/or beverages to be substituted, provided or modified. May use Attachment A, as needed.

 X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Director, Doctor of Osteopathy, Physician’s Assistant with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner. |

**Attachment A: Foods to be Omitted and Substituted**

Special Dietary Needs for School Meals

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_**

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. This information can be provided using this form or by writing a separate diet order. Foods are listed alphabetically by food category.

**1) DAIRY** □ Milk Allergy □ Lactose Intolerant □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ Fluid Milk

□ All ingredients containing milk\*

□ Cheese

□ Yogurt

□ Butter

□ Cream/Ice Cream

□ Baked goods made with milk

□ Buttermilk

□ Other, Specify:

**Allowable substitutes**

□ Lactose-free milk

□ Plant-based milk alternates

 (e.g. soy, almond, and rice milk)

□ Plant-based cheese alternates

□ Other, Specify:

\*Ingredients that contain milk include: Artificial butter or cheese flavor, [Casein](http://www.webmd.com/allergies/casein-allergy-overview) or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, [lactulose](http://www.webmd.com/drugs/mono-7202-LACTULOSE%2B-%2BORAL%2C%2BRECTAL.aspx?drugid=3367&drugname=lactulose+oral), Rennet, Whey or whey products.

**2) EGG**  □ Egg Allergy □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ Eggs\*

□ Baked goods containing eggs

□ Other, Specify:

**Allowable substitutes**

□ Egg-free protein options

□ Egg-free baked goods

□ Other, Specify:

\*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

**3) Grains** □ Wheat Allergy □ Celiac Disease □ Gluten Intolerant □ Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ Wheat\*

□ Condiments

□ Rye

□ Oats

□ Barley

□ Other, Specify:

**Allowable substitutes**

□ Gluten-free alternative grains

□ Wheat-free alternative grains

□ Rice

□ Corn products

□ Quinoa

□ Other, Specify:

\*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

**4) Meat**

**Foods to Exclude**

□ Beef

□ Pork

□ Poultry

□ Lamb/Mutton

□ Seafood

□ Other, Specify:

**Allowable substitutes**

□ Plant-based meat alternates (e.g. tofu)

□ Eggs

□ Dairy (e.g. cheese, yogurt)

□ Peanuts & Peanut Butter

□ Beans

□ Other, Specify:

**5) Peanut/Tree Nuts** □ Peanut Allergy □ Tree Nut Allergy □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ Peanuts & Peanut Butter

□ Peanut Oil

□ All Tree Nuts\* & Nut Butters

□ Other, Specify:

**Allowable substitutes**

□ Soy Butter

□ Sunflower Seed Butter

□ Almond Butter

□ Nut-free protein options

\*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

**6) Seafood** □ Fish Allergy □ Shellfish Allergy □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ Crustaceans (crab shrimp lobster)

□ Mollusks (clam, mussel, oyster, scallop)

□ Finned Fish\*

□ Caesar Dressing

□ Imitation fish/crab

□ Other, Specify:

**Allowable substitutes**

□ Non-fish protein options

□ Other, Specify:

\*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

**7) Other**  Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allowable substitutes**

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foods to Exclude**

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allowable substitutes**

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  Signature of Preparer | Printed Name | Date |
|  Signature of Medical Authority & Credentials | Printed Name | Date |