

CASHMERE SCHOOL DISTRICT – EDUCATIONAL HEALTH SERVICES/FOOD SERVICES

210 S. Division St., Cashmere, WA 98815 509-782-3355 Fax: 509-782-4747

Request for Special Dietary Accommodations

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

Student Name Birth Date Age Grade School

Parent/Guardian Name (please print) Cell Phone Home/Other Phone

I certify that I am the parent, legal guardian or other person in legal control of the above identified student and request and authorize the school to administer the following diet prescription to the above identified student in accordance with the physician's instructions for the period from ___/___/___ to ___/___/___ . (Not to exceed one calendar school year)

Parent/Guardian Signature _____ Date: _____

DIET ORDER – State-Recognized Medical Authority* MUST COMPLETE and SIGN THIS SECTION.

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 Phone

Printed Name of State Recognized Medical Authority* Clinic Name Fax

**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, Naturopathy Physician, or Advanced Registered Nurse Practitioner (ARNP).*