Turn in **complete** & **signed** form to: specialdiets@ysd7.org OR fax to Food Services FAX # 509-573-7188
ALL **INCOMPLETE FORMS WILL BE **RETURNED****

Order for Special Dietary Accommodations for 2022-2023 S.Y.

Student / Participant Name	Date of Birth	Student ID#
Signature of Parent/Guardian	Mailing Address(city, state, zip)	
School Name/Grade	Date	Phone Number

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. ***Please have a State-Recognized Medical Authority* fill out the form below**:***

1. **Describe how the impairment affects the student**** (i.e., how the ingestion/contact with the food impacts the child):

2. **List specific food(s) and/or beverages to be omitted or modified**** (check **ALL** that apply)

- ☐ **Eggs**:
  - ☐ Baked as an ingredient
  - ☐ Plain eggs (cooked)
- ☐ Cow's Milk
  - ☐ Yogurt
  - ☐ Cheese
  - ☐ Baked (as an ingredient)
- ☐ Gluten
- ☐ Wheat
- ☐ Soy
- ☐ Nut (type) _____
- ☐ Fish
- ☐ Shellfish
- ☐ Other – Explain: _____

3. **Is this a life threatening allergy?**** ☐ **Yes** ☐ **No**

4. **Food/beverage to be subbed**** ☐ Lactose Free ☐ Soy ☐ Other – **Explain****:

_____ _____

Signature of **State-Recognized Medical Authority*** (MD, DO, PA, or ARNP) Date**

_____

Clinic Name** Clinic Phone Number**

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**).*

*****REQUIRED FIELDS, FORM IS INVALID IF NOT COMPLETE***

Child Nutrition Director/Assistant Director Signature: DATE:

This institution is an equal opportunity provider. For questions regarding special diets/menu concerns, please email specialdiets@ysd7.org or call (509) 573-7156