

Special Dietary Needs

USDA Child Nutrition Programs support access to healthy meals to all children, including children with disabilities who have special dietary needs. A disability is defined as an impairment that substantially limits a major life activity. This can include allergies and digestive conditions. However, it does not include personal diet preferences.

DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS

DISABILITY Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

How do I get Special Dietary accommodations for my child?

Contact your School District's School Nutrition/Food Service Director
Narlene VanBeek 360-354-7579 Vanbeekn@lynden.wednet.edu
for the process to submit a request.

- The request must include:
 - * Food(s) to be omitted/avoided from the child's diet.
 - * How the ingestion of the food impacts the child.
 - * Food(s) to be substituted.
 - * A signature of a State-recognized medical authority (a licensed health care professional authorized to write medical prescriptions in Washington) for example:
 - Medical Doctor (MD)
 - Doctor of Osteopathy (DO)
 - Physician's Assistant (PA) with prescriptive authority
 - Naturopathic Physician
 - Advanced Registered Nurse Practitioner (ARNP)

Special Dietary Team will include the following:

- Food Service Director
- 504 Coordinator
- School Nurse
- School Principal

OSPI School Meal Programs

Dietary Prescription for Student WITH Disability

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

Student Name

Birth Date

Age

Grade

School

Parent/Guardian Name

Phone

Mailing Address

City/State/Zip

Signature of Parent/Guardian

Date

DIET ORDER – RECOGNIZED MEDICAL AUTHORITY* MUST COMPLETE and SIGN THIS SECTION.

*Recognized Medical Authority: State licensed health care professional authorized to write medical prescriptions under State law

1. List student's disability: _____
(Include life-threatening allergies which cause an immune system response to a particular food/ingredient/additive.)

2. What is the major life activity(s) affected?

3. Describe how the disability restricts student's diet:

4. List all food(s) and/or milk to be omitted:

5. List all food(s) and/or milk to be substituted:

6. List any foods that require texture modification and describe how to prepare (chop, grind fine, puree, etc.):

7. Describe any other comments about the student's eating or feeding patterns:

Signature of Recognized Medical Authority

Date

E-mail

Phone

Printed Name of Recognized Medical Authority

Address

Dietary Prescription for Student WITHOUT Disability

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

Student Name Birth Date Age Grade School

Parent/Guardian Name Phone

Mailing Address City/State/Zip

Signature of Parent/Guardian Date

DIET ORDER - RECOGNIZED MEDICAL AUTHORITY* MUST COMPLETE and SIGN THIS SECTION.

*Recognized Medical Authority: State licensed health care professional authorized to write medical prescriptions under State law

1. What is the student's special dietary need?

2. List all food(s) to be omitted:

3. List all food(s) to be substituted:

4. List any foods that require texture modification and describe how to prepare (chop, grind fine, puree, etc.):

5. Describe any other comments about the student's eating or feeding patterns:

Signature of Recognized Medical Authority Date E-mail Phone

Printed Name of Recognized Medical Authority Address

OSPI School Meal Programs

Dietary Prescription for Student WITH Disability

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Grade

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Parent/Guardian Name

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Date

E-mail

Phone

Printed Name of Recognized Medical Authority

Address

Dietary Prescription for Student WITHOUT Disability

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Parent/Guardian Name Phone

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Signature of Recognized Medical Authority Date E-mail Phone

Printed Name of Recognized Medical Authority Address