

# ENTIAT SCHOOL DISTRICT NO. 127

2650 Entiat Way - Entiat, Washington 98822 – Telephone (509) 784-1800 – Fax (509) 784-2986

[www.entiatchools.org](http://www.entiatchools.org)

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## Special Dietary Needs

Dear Parent/Legal Guardian,

Entiat School District adheres to the National School Lunch Program guidelines regarding accommodations for special dietary needs. If your child has a medical condition that affects their diet, they can submit a Special Dietary Needs Request Form. All students with dietary disabilities will receive school meals appropriate for their needs. The Americans with Disabilities Act (ADA) defines a disability as “a physical or mental impairment that substantially limits one or more major life activities” such as eating, or impairment that affects a major bodily function such as digestion. All students with these types of disabilities will be accommodated, however, students’ personal or religious preferences cannot be accommodated at this time.

All students have the right to refuse certain items on the lunch menu. Each day for lunch., students are offered 5 meal components including protein, whole grain, fruit, vegetables, and milk. Of these 5 components, students must choose 3, including at least ½ cup of fruit or vegetable. For non-medical dietary preferences, students may refuse any two meal components they do not wish to eat. However, when a medical condition is present, parents are strongly encouraged to submit a Special Dietary Needs Request Form so that their student(s) can be given alternate meals when necessary.

To request a special dietary accommodation:

1. Fill out the top section of the Special Dietary Needs Request Form on the back of the page.
2. Bring this form to your medical doctor or other state-recognized medical authority. The medical authority must complete the “Diet Order” portion of form and sign.
3. Completed forms will include:
  - a. Student’s name
  - b. Description of how the impairment affects the student
  - c. Specific foods to be avoided
  - d. Specific foods to be substituted
  - e. Signature of State-Recognized Medical Authority
4. Return the completed form to Food Service within 30 days.

Entiat School District adheres to the National School Lunch Program/School Breakfast Program Meal Substitutions for Students with Disabilities or Medical or Other Special Dietary Needs Guidelines. Under current regulations, a disability is defined as an impairment which substantially limits a major life activity, which can include allergies and digestive conditions but does not include personal diet preferences. LEAs are required to make reasonable modifications to meals, to accommodate disabilities which restrict a child’s diet. For assistance in completing the Special Dietary Needs Request Form please contact the School Food Service at 509.888-5182.

Sincerely,

Entiat School District

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## REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

### Student Information

Student/ Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City /State/Zip \_\_\_\_\_  
School/Center/Site: \_\_\_\_\_ Grade: : \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: : \_\_\_\_\_

### Diet Order

*Federal law and USDA regulations require nutrition programs to make reasonable modifications to accommodate children (students) 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, but does not include personal diet preferences.*

Answer EACH question below; if additional space is needed, please use the back of this page

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

\_\_\_\_\_  
\_\_\_\_\_

2. Explain what must be done to accommodate the student's diet: (i.e. specific food(s) to be omitted/avoided from the student's diet)

\_\_\_\_\_  
\_\_\_\_\_

3. List food(s) and/or beverages to be substituted, provided or modified:

\_\_\_\_\_  
\_\_\_\_\_

4. Peanut/tree nut allergies: Often a Manufacturer will voluntarily label a food item, stating that it was processed in a facility that processes peanuts and/or tree nuts (i.e., an ice cream bar is labeled: "Manufactured in a facility that processes almonds, brazil nuts, cashews, coconut, hazelnuts, macadamia nuts, peanuts, pecans, pistachios, walnuts.") **Please check Yes, No or Not Applicable, as it appl**

\_\_\_\_\_ Yes, this student May eat that item \_\_\_\_\_ NO, this student MAY NOT eat that item \_\_\_\_\_ NOT APPLICABLE

\_\_\_\_\_  
*Signature of State-Recognized Medical Authority*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of State- Recognized Medical Authority*

Clinic / Practice Name & Address: \_\_\_\_\_

\*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 (ARNNP)>