



Food & Nutrition Services

6217 Mullen Rd SE
Lacey, WA 98503
360.412.4446 (phone) | 360.412.4556 (fax)

Dear Parents and/or Guardians;

It is our goal to provide students with the safest food and eating environment possible. Working together with parents, school nurses, and other student support staff we can help create a plan to meet special dietary needs.

Please complete the “Request for Special Dietary Accommodations” and “Attachment A: Foods to be Omitted and Substituted” forms to indicate the need for special dietary restrictions for your student. These forms are used to communicate specific allergies and medically necessary food substitutions with the School Nurses and our Food & Nutrition staff. Food & Nutrition Services is unable to make food substitutions for personal or religious preferences.

The district is required to have the “Request for Special Dietary Accommodations” form on file, completed and signed by a recognized medical authority in order to make any substitutions to your student’s meal. Without this form, your student will be served the standard meal options provided to all students during breakfast and lunch.

Have your health care provider complete the required forms and return them to your school or Food & Nutrition Services as soon as possible, so that we may begin making arrangements for substitution. Often times, further contact with parents/guardians and medical professionals is required to ensure appropriate modifications are made available. Until a determination has been made and a plan has been developed and communicated with our kitchen staff, parents are responsible for providing appropriate food for their child. You will be notified as soon as the plan is ready to implement.

If you have any question or concerns, please do not hesitate to contact Food & Nutrition Services.

Sincerely,

Alicia Neal

Alicia Neal, RD
Director of Food & Nutrition Services

Request for Special Dietary Accommodations

Student Name

Date of Birth

Parent / Guardian Name

Phone

Mailing Address

City/State/Zip

School

Grade

Signature of Parent/Guardian

Date

Diet Order

Federal law and USDA regulation require school 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, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. List the food(s) / beverage(s) to be avoided:(Please use Attachment A to indicate foods to be omitted)

2. How does ingestion of the food/beverage affect the child:

3. List all food(s) and/or beverages to be substituted:(Please use Attachment A to indicate foods to be substituted)

Signature of State-Recognized Medical Authority*

Date

Email

Phone

*A licensed health care professional authorized to write medical prescriptions in Washington

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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.

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

- Plant-based milk alternates (e.g. soy)
- Non-Dairy protein options
- Other, Specify:

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs 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

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.

Soy Products Soy Allergy

Foods to Exclude

- Soybean based products
- Soy Sauce
- Soy Oil
- Other, Specify:

Allowable substitutes

- Non-Soybean options
- Eggs
- Dairy (e.g. cheese, yogurt)
- Beans
- Other, Specify:

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
- 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.

Seafood Fish Allergy Shellfish Allergy Other: _____

Foods to Exclude

- Crustaceans (crab shrimp lobster)
- Mollusks (clam, mussel, oyster, scallop)
- Finned Fish*
- Imitation fish/crab
- Other, Specify: A

- Non-fish protein options
- Other, Specify:

Allowable substitutes

*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.

Other Condition: _____

Foods to Exclude

- _____
- _____
- _____
- _____

Allowable substitutes

- _____
- _____
- _____
- _____

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