

OSPI School Meal Programs

Dietary Prescription for Student WITHOUT Disability

IS THIS REQUEST FOR COWS MILK SUBSTITUTION (check box): Yes No

FOR INTERNAL INFORMATION ONLY: If yes, the local education agency must request approval from the Office of Superintendent of Public Instruction - Child Nutrition Services prior to making milk substitutions and must follow USDA regulations. Requests for milk substitutions may be signed by a parent/guardian OR recognized medical authority for students without disabilities.

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		