

HIGHLAND SCHOOL DISTRICT 203
REQUEST FOR SPECIAL DIETARY ACCOMODATIONS

Instructions: This form must be signed by a licensed healthcare professional, such as a licensed physician, physician assistant, or nurse practitioner. The school/division may contact the licensed healthcare professional for clarification of information provided on this form. 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 preference. Mid-year changes require the submission of an updated and signed form.

Return this form to Highland District Nurse: Phone: (509) 678-8904 Fax # (509) 678-5494

I. GENERAL INFORMATON				
Student's Name	DOB	School	Student's PIN/ID#	Grade
II. ACCOMODATIONS				

- 1. Describe how the impairment affects the child** (i.e., how the injection/contact with the good impacts the child):

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

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

4. Additional Comments:

III. SIGNATURES		
Parent/Legal Guardian's Name (PRINT)	Relationship	Phone Number
Signature of Parent/Legal Guardian		Date Signed
Authorized Medical Authority's Name	Title	Phone Number
Signature of Authorized Medical Authority		Date Signed

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Instrucciones: Este formulario debe ser firmado por un profesional de la salud con licencia, como un medico con licencia, asistente medico o enfermera practicante. La escuela/division puede comunicarse con el profesional de la salud con licencia para aclarar la informacion proporcionada en este formulario. La ley federal y la regulacion del USDA requieren que los programas de nutricion hagan modificaciones razonables para acomodar a los niños con discapacidades. Segun la ley, una discapacidad es un impedimento que limita sustancialmente una actividad importante de la vida o funcion corporal, que puede incluir alergias y condiciones digestivas, pero no incluye la preferencia de dieta personal. Los cambios a mitad de año requieren la presentacion de un formulario actualizado y firmado.

Devuelva este formulario a la enfermera del Distrito Escolar Highland: Numero De Telefono: (509) 678-8904 Fax # (509) 678-5494

IV. INFORMACION GENERAL				
Nombre Del Estudiante	Fecha De Nacimiento	Escuela	Numero de Identificacion del Estudiante	Grado
V. AJUSTES				

1. **Describa como el impedimento afecta al niño** (p.ej., como la inyeccion/contacto con el bien afecta al niño)

2. **Explique lo que se debe hacer para modificar a la dieta del niño** (p.ej., alimentos especificos que deben omitirse / evitarse de la dieta del niño)

3. **Nombre los alimentos y/o bebidas que se sustituiran, proporcionaran o modificaran:**

4. Comentarios Adicionales:

VI. SIGNATURES		
Parent/Legal Guardian's Name (PRINT)	Relationship	Phone Number
Signature of Parent/Legal Guardian		Date Signed
Authorized Medical Authority's Name	Title	Phone Number
Signature of Authorized Medical Authority		Date Signed