

Send completed form to:  
Auburn School District  
Child Nutrition Services  
1302 4<sup>th</sup> Street SW, Auburn, WA 98001  
Phone: 253-931-4972 Fax: 253-931-4835



**Diet Prescription  
for Meals at School**

**Section A:** To be completed by the student's parent or guardian.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Will student eat Breakfast at School?  Yes  No; Will student eat Lunch at School?  Yes  No

 If you answered **No** to both of the above questions, **STOP**. Form is not required by Nutrition Services.

I understand that if my student's medical or health needs change, it is my responsibility to notify Nutrition Services and have a new Diet Prescription for Meals at School form completed.

\_\_\_\_\_  
Parent/Guardian's Signature Home Phone Number/Cell Phone Number Date signed

I give Nutrition Services permission to speak with the below named Licensed Physician or Recognized Medical Authority to discuss the dietary needs described. \_\_\_\_\_  
(parent/guardian's initials and date)

**Section B:** To be completed by a Licensed Physician when identifying a disability **OR** a Recognized Medical Authority (RMA) when identifying a non-disabling medical condition. For Diet Prescription purposes, a RMA includes a Licensed Physician, Doctor of Osteopathy, Licensed Physician's Assistant, ARNP or Licensed Naturopathic Physician.

Student's Diagnosis? \_\_\_\_\_

Is the student's diagnosis recognized by the ADA as a disability?  Yes  No

If Yes, describe the major life activity affected by the disability \_\_\_\_\_

Does the student have a non-disabling medical condition or special nutritional or feeding need?  Yes  No

If Yes, describe the condition or need \_\_\_\_\_

**Diet Prescription**- please attach additional instructions if necessary.

Is the student's diet prescription for a permanent condition? Yes No

**Foods to Omit:**

**Foods to Substitute:**

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

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

\*\*If foods are listed to be omitted from the diet, **specifics** on foods to substitute **must** be provided.

I certify that the above named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
Licensed Physician or Recognized Medical Authority Signature

\_\_\_\_\_  
Date

Name, including Credentials: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type or Print

**For office use:**

Received by Nurse: \_\_\_\_\_ Received by Child Nutrition Office: \_\_\_\_\_  
Date & Initials Date & Initials

Received by Kitchen Manager: \_\_\_\_\_  
Date & Initials

Revised 4-11

## **Procedures for Special Nutritional Needs**

### **Meal substitutions for medical or other special dietary reasons**

**The National School Lunch Regulation 210.10(I)(1) states that schools shall make substitutions in foods for students who are considered disabled under 7 CFR Part 15b and whose disability restricts their diet. Schools may also make substitutions for non-disabled students who are unable to consume the regular lunch because of medical or other special dietary needs. Substitutions shall be made on a case-by-case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods. Only a physician can sign a medical statement for a disabled student. A recognized medical authority may sign for a non-disabled student.**

**A recognized medical authority for the purposes of identifying the need for food substitutions in students' meals and for recommending alternate foods is defined as one of the following health care professionals:**

- 1. A physician, either a M.D. (medical Doctor (RCW 18.71.011) a D.O. (Doctor of Osteopathy) or a Naturopathic physician (RCW 18.57).**
- 2. A licensed physician's assistant who is licensed to a physician and whose orders a physician (RCW 10.71A) countersigns.**
- 3. An advanced licensed registered nurse practitioner (ARNP) that has prescriptive authority. "Prescriptions shall be signed by the prescriber with the initials ARNP and the prescriber's identification number assigned by the board (WAC 308-120-420).**

**Please note that a completed form is to be kept at the building site and a copy is to be sent to Nutrition Services. Diet forms or diet prescriptions, which do not meet the federal guidelines for information or appropriate signatures, will not be honored until completed correctly.**

**If you have questions, please call Child Nutrition Services 253-931-4972**