

OSPI School Meal Programs

Dietary Prescription for Student WITHOUT Disability

IS THIS REQUEST FOR COW'S MILK SUBSTITUTION (check box) Yes No

*Requests for milk substitutions may be signed by a parent/guardian OR recognized medical authority for students without disabilities.

SUBSTITUTIONS WILL BE MADE ON A CASE BY CASE BASIS

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

Student Name	Birth Date	Age	Grade	School
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Parent/Guardian Name	Phone
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Mailing Address	City/State/Zip
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Signature of Parent/Guardian	Date
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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. Forms must be completed/updated annually.

1. What is the student's special medical dietary need?

2. List all food (s) to be omitted:

5. List all food(s) that may be substituted:

7. Describe any other comments about the student's eating or feeding patterns:

Signature of Recognized Medical Authority	Date	E-mail	Phone
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Printed Name of Recognized Medical Authority	Address
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OFFICE USE ONLY

Received:	Copy to School Nurse:
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Food Services:

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