

## Request for Special Dietary Accommodations

\_\_\_\_\_  
Student / Participant Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
School / Center / Site

\_\_\_\_\_  
Grade / Classroom

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Diet Order

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 preferences.

1. **Describe how the impairment affects the child** (i.e, how the ingestion/contact with the food 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:**

\_\_\_\_\_  
Signature of State-Recognized Medical Authority\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name

*\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Washington: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP).*

*This institution is an equal opportunity provider.*



## Request for Fluid Milk Substitution – Child Care

Child’s Name: \_\_\_\_\_

**Milk substitution request:**

If your child cannot drink fluid cow’s milk due to medical or other special dietary needs but **does not** have a diagnosed medical disability, you or the child care center may choose to provide one of the approved non-dairy milk substitutes or creditable milk substitutes below, based on your request.

Identify why your child needs a milk substitute: \_\_\_\_\_

At this time, six brands of non-dairy milk substitutes available in Washington are nutritionally equivalent to and may be served in place of cow’s milk:

- 8<sup>th</sup> Continent Soymilk - Original and Vanilla\*
- Silk Soymilk - Original
- Great Value Soymilk - Original from Wal-Mart (red top only)
- Kirkland Organic Soy - Original (32-oz shelf-stable)
- Pacific Foods Ultra Soy - Original (32-oz or 8-oz shelf-stable)
- Ripple Dairy-Free Shelf-Stable Milk Original (32-oz or 8-oz), Chocolate\* (8-oz) or Vanilla\* (8-oz)

**\*Flavored non-dairy beverages cannot be served to children 1 through 5 years of age.**

Other milks that are creditable and may be served in place of fluid cow’s milk are acidified milk, acidophilus milk, buttermilk (commercially prepared), goats milk, Kefir milk, lactose-free or reduced milk (such as Lactaid), and organic milk. **Note: Whole milk must be served to children 12 to 24 months and nonfat or 1% milk must be served to children 2 years of age or older.**

By completing the information below, your child can be served one of the approved non-dairy milk substitutes or other creditable milks noted above provided by the center (if the center chooses), or provided by you.

\_\_\_\_\_ I request my child be served the child care center provided approved non-dairy or creditable milk substitute as described above for meals that require milk.

\_\_\_\_\_ I will provide an approved non-dairy or creditable milk substitute to be served to my child as described above for meals that require milk:

\_\_\_\_\_  
(Name of approved non-dairy or creditable milk substitute)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_