



### Medical Dietary Accommodation Form

If your student requires a special meal plan, related to a medical condition or food allergy, this form must be completed and emailed to DCPS Food and Nutrition Services (FNS) at: [dietary.forms@k12.dc.gov](mailto:dietary.forms@k12.dc.gov). A new form must be submitted each time a dietary change is requested.

Once completed, FNS will contact you to discuss menu options. If you do not have access to email, please submit to the main office.

**This form requires a Medical Practitioner's signature.**

**Section A- Must be completed by the Parent/Guardian**

Name of Student \_\_\_\_\_ Student's ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Does your student typically eat school provided meals?  Yes  No

If yes, which meals provided by FNS will your child eat?

- Breakfast
- Lunch
- Afterschool

In addition, which days will your child most likely eat with FNS?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**I certify that the above-named student needs special school food as described on this form,**

Parent/Guardian Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

**Section B- Must be completed by the Medical Practitioner**

Does the student have food allergies? (Note: FNS does not serve products containing Peanuts or Tree Nuts)  Yes  No

If yes, please select the allergen from the list below

**Wheat**

- All Wheat

**Tree Nuts (not provided by FNS)**

- All Tree Nuts

**Eggs**

- All Egg Proteins- albumin (white) and Yolk
- Whole Egg- hard boiled and scrambled
- Eggs baked in products are ok (i.e. pancakes)

**Peanuts (not provided by FNS)**

- All Peanuts

**Soy**

- All Soy Protein
- All Soy Protein, except Soybean Oil

**Dairy**

- All Milk Proteins- Casein, Whey, etc.
- Fluid Milk
- Cheese
- Yogurt

**Fish**

- All Fish

**Shellfish**

- All Shellfish

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Specific Foods to Omit or Substitute**

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



**Section C- Must be completed by the Medical Practitioner**

Does the student require special modification of dietary textures?  Yes  No

Indicate texture on prescribed special diet.

**Chopped** (please indicate any specific instructions)

\_\_\_\_\_

**Ground** (please indicate any specific instructions)

\_\_\_\_\_

**Pureed** (please indicate any specific instructions)

\_\_\_\_\_

**Section E- Must be completed by the Medical Practitioner**

Does the student have other special nutritional or feeding needs?  Yes  No

Please describe the special diet/feeding needs such as celiac disease, diabetes, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above-named student needs special school food as described above,

Medical Practitioner's Name \_\_\_\_\_ Office Number \_\_\_\_\_

Medical Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If received by School Staff, please scan and email to: [Dietary.Forms@k12.dc.gov](mailto:Dietary.Forms@k12.dc.gov)**

**For district staff only:**

Dietitian Name: \_\_\_\_\_

Contact date: \_\_\_\_\_