



# Dietary Accomodation Request Form SY 2019-2020

Use this form to alert DC Public Schools of the dietary accommodations your student needs for the school year. This form is not intended to accommodate student taste preferences. **Please submit this completed form to your student's school nurse.** You will be contacted via email when meals reflecting your student's dietary accommodation will be available in the cafeteria.

## A. Student Information.

First Name:	Last Name:	Date of Birth:
School Year 2019/2020 School Name:		Student ID:
Grade Level for School Year 2019/2020: <i>(check only one)</i>	<input type="checkbox"/> Pre-K3 <input type="checkbox"/> Pre-K4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Adult Education	

## B. Student's Dietary Accommodations. *Check all that apply.*

- A. Milk Substitution:** The student is requesting a milk substitute due to a medical or other special dietary need. DCPS has the discretion to select a specific brand of milk substitute, provided it meets specified USDA nutrient requirements. Juice cannot be offered as a milk substitute. DCPS cafeterias serve only nut-free items, so nut milks are not available.
- B. Philosophical Accommodation:** The student is requesting dietary accommodations for philosophical reasons, such as following a plant based diet. **Dietary instructions, including list of foods to be omitted:** \_\_\_\_\_
- C. Food Intolerance/Medical Accommodation:** The student is requesting a dietary accommodation due to food intolerance(s) or other medical reasons. Please be advised that all DCPS cafeterias serve only nut-free items. **A medical practitioner must complete the section below.**

**What is the student's medical condition and why does it restrict their diet? (e.g. Type 1 Diabetes; allergy to wheat or fish.)**

\_\_\_\_\_

\_\_\_\_\_

Food texture required:     Regular     Chopped     Ground     Pureed

Is the food allergy airborne?     Yes     No

**Foods to omit:**

**Suggested Substitutions:**


**Medical Office Stamp**

**Medical Practitioner Name:** \_\_\_\_\_

**Medical Practitioner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Medical Practitioner ID:** \_\_\_\_\_

## C. Parent/Caretaker Signature

I confirm all the information provided above is correct to the best of my knowledge. I understand that the information on this form will remain in effect until the end of the school year for which it is received. When necessary throughout the school year, I will update this form to reflect changes in my student's medical and/or nutritional needs. I understand that DCPS may have discretion as to whether it is able to accommodate these requests.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_