

St. Rose of Lima Catholic School Request for Special Dietary Accommodations Procedure

NOTE: St. Rose of Lima Catholic School Nutrition Services strives to ensure the safest possible food environment for all students. Although we do our best to keep up to date with food products entering our school, there is potential for hidden ingredients, and for manufacturers to change their product formulations without prior notice. It is especially challenging during this time of food supply chain shortages which often requires last minute changes to assure our students receive meals seamlessly without delay.

USDA Child Nutrition Program at St. Rose of Lima Catholic School supports access to healthy meals for all children, including children with disabilities who have special dietary needs. A disability is defined as an impairment that substantially limits a major life activity. This can include allergies and digestive conditions. However, it does not include personal diet preferences and will not be considered for modification.

St. Rose of Lima Catholic School will make reasonable modifications to meals on a case-by-case basis to accommodate disabilities which restrict a child's diet. Modifications will be provided at no extra charge. Requests for specific brands will not be honored. Requests for meal modifications must be submitted in writing to the office at St. Rose of Lima Catholic School. We prefer the OSPI Request for Special Dietary Accommodations Form be used for requesting diet modifications as it specifically outlines the requirements outlined below. This form may be printed or you can pick up a paper copy from the school office.

The written request using this form in [english](#) or [spanish](#) must include:

1. Food(s) to be omitted/avoided from the child's diet
2. How the ingestion of the food impacts the child
3. Food(s) to be substituted
4. Written request must be signed by a State-recognized medical authority, a licensed health care professional authorized to write medical prescriptions in Washington
5. Submit a completed request for meal modifications to the St. Rose office.

Request for Dietary Accommodations Procedure:

- The Request for Dietary Accommodations Form will be turned into the school office. *The form must be complete, including a health care providers signature.* Incomplete forms will be returned to the family.
- The office will review the form and send a copy to the Food Service Director and inform the Teacher if appropriate.
- The family will be contacted by phone, mail, or parent meeting to discuss best modification practices. Office staff will inquire if the student will be having school lunch.

- The office staff will work with the family, Teacher, Food Service Director, and kitchen staff to develop a plan for the student on a case by case basis.
- Upon approval, modifications will be communicated to Food Service staff and a record kept in kitchen.
- Food Service staff will also receive written information regarding the student's allergens and modifications including request for dietary accommodations form.
- The Teacher will introduce the student being accommodated to the Food Service Staff person in the kitchen.
- Food preferences will not receive modifications.

Solicitud de ajustes dietéticos especiales

Nombre de estudiante / participante

Fecha de nacimiento

Nombre del padre/madre/ tutor

Teléfono

Dirección de correo

Ciudad/Estado/Código postal

Escuela / Centro / Sitio

Grado / Clase

Firma del padre/madre/ tutor

Fecha

Orden de dieta

La ley federal y las regulaciones del USDA (Departamento de Agricultura de los Estados Unidos) exigen que los programas de nutrición realicen modificaciones razonables para alojar niños con discapacidades, Bajo la ley, una discapacidad es un impedimento que limita sustancialmente una actividad importante de la vida o una función corporal, lo cual incluye alergias y condiciones digestivas, pero no incluye preferencias personales de dieta.

1. **Describa cómo el impedimento afecta al niño** (p. ej., cómo la ingestión/contacto con el alimento impacta al niño):
2. **Explique qué debe hacerse para ajustar la dieta del niño** (p. ej., alimentos específicos que deben omitirse /evitarse en la dieta del niño):
3. **Haga una lista de los alimentos y/o bebidas que deben sustituirse, proporcionarse o modificarse:**

Firma de la autoridad médica reconocida por el estado *

Fecha

Nombre de la clínica

**Autoridad médica reconocida por el estado significa un profesional de cuidados de la salud con licencia, autorizado para escribir recetas médicas en Washington: un Doctor en Medicina (MD), Doctor de Osteopatía (DO), Asistente Médico (PA) con autoridad para recetar, Doctor en Naturopatía o Profesional Practicante de Enfermería (ARNP).*

Esta institución es un proveedor de igualdad de oportunidades,



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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:**

**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).*

Signature of State-Recognized Medical Authority*

Date

Clinic Name

