

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. Please submit a new form if a dietary change is requested. Once completed, FNS will contact you to discuss menu options. Please note accommodations are not in place until a start date has been confirmed with a member of the FNS staff. If you do not have access to email, please submit this form to the cafeteria manager.

This form requires a Medical Practitioner's signature (licensed physician, physician assistant, or nurse practitioner)

REQUIRED SECTION A (must be completed by the Parent/Guardian):

Student Name _____

Nutrition Services permission to speak with the below named Authorized Medical Authority to discuss the dietary needs described below. I understand that DCPS may discontinue accommodations if I do not respond to communication requests after 3 attempts.

Parent/Guardian Name (printed) _____ Signature _____

Phone Number _____ Email Address _____ Date / / _____

REQUIRED SECTION B (must be completed by the Medical Practitioner)

(Note) FNS does not currently serve products containing Peanuts or Tree Nuts (incl. Coconut)

If yes, please select the allergen(s)/intolerances from the list below:

- | | |
|--|--|
| <p>Wheat _____</p> <p>Eggs _____</p> <p>Dairy _____
 (Casein, Whey, etc)</p> | <p>Tree Nuts (not provided by FNS) _____</p> <p>Peanuts (not provided by FNS) _____</p> <p>Fish _____</p> <p>Shellfish _____</p> |
|--|--|

ing product causes a life-threatening reaction”):

