



Valley School District • 3030 Huffman Road, Valley, WA 99181 • (509) 937-2791 • www.valleysd.org

Diet Prescription for Meals at School

To assist staff with the care and safety of your child at school, please obtain the following diet prescription information from the child's licensed healthcare provider, and return this signed form to the school office annually and/or more often as needed to support his/her dietary needs.

PARENT/GUARDIAN MUST COMPLETE THIS SECTION:

Student Name: _____ Birthdate: _____ Age: _____
Grade: _____ School/Teacher: _____ School Term 20____ / 20____
Parent/Guardian Name: _____ Phone: _____
Address: _____ Signature: _____

A STATE LICENSED HEALTH CARE PROFESSIONAL LICENSED TO WRITE MEDICAL PRESCRIPTIONS MUST COMPLETE AND SIGN THIS SECTION:

DIET ORDER

Student's Health Condition: _____
Major Life Activity(s) Affected: _____
Describe how the condition restricts student's diet: _____

List all foods and/or milk to be omitted*: _____
List all foods and/or milk to be substituted*: _____

**Alternatively, the Healthcare Professional may complete and return the form in Attachment A, Foods to Be Omitted and Substituted, along with this Diet Order.*

Check all that apply:

- Increased Calorie - Number of kcals: _____
- Decreased Calorie - Number of kcals: _____
- Diabetic _____ PKU _____ Other: _____
- Food Allergy: _____
- Tube Feeding: Liquefied Meal Formula / Type _____

Texture Modification:	
<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground
<input type="checkbox"/> Pureed	<input type="checkbox"/> Liquefied

Additional alternate foods or instructions about the student's eating or feeding patterns: _____

I certify that the above-named student needs special school meals prepared as described above because of the student's medical or physical health condition.

Licensed Healthcare Professional:

Printed Name / Title / Office Phone No.

Signature Date

Attachment A: Foods to be Omitted and Substituted

Special Dietary Needs for School Meals

Child's Name: _____ **Date:** _____ **Grade Level:** _____

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. The information can be provided using this form in addition to the diet order (Form 3413F2). Foods are listed alphabetically by food category.

Dairy Milk Allergy Lactose Intolerant Other: _____

Foods to Exclude

- Fluid Milk
- All ingredients containing milk*
- Cheese
- Yogurt
- Butter
- Cream/Ice Cream
- Baked goods made with milk
- Buttermilk
- Other, Specify:

Allowable substitutes

- Lactose-free milk
- Plant-based milk alternates
(e.g. soy, almond, and rice milk)
- Plant-based cheese alternates
- Other, Specify:

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs Egg Allergy Other: _____

Foods to Exclude

- Eggs*
- Baked goods containing eggs
- Other, Specify:

Allowable substitutes

- Egg-free protein options
- Egg-free baked goods
- Other, Specify:

*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

Grains Wheat Allergy Celiac Disease Gluten Intolerant Other: _____

Foods to Exclude

- Wheat*
- Condiments
- Rye
- Oats
- Barley
- Other, Specify:

Allowable substitutes

- Gluten-free alternative grains
- Wheat-free alternative grains
- Rice
- Corn products
- Quinoa
- Other, Specify:

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Meat Other, Specify: _____

Foods to Exclude

- Beef
- Pork
- Poultry
- Lamb/Mutton
- Seafood (see seafood section below)
- Other, Specify:

Allowable substitutes

- Plant-based meat alternates (e.g. tofu)
- Eggs
- Dairy (e.g. cheese, yogurt)
- Peanuts & Peanut Butter
- Beans
- Other, Specify:

Peanut/Tree Nuts Peanut Allergy Tree Nut Allergy Other: _____

Foods to Exclude

- Peanuts & Peanut Butter
- Peanut Oil
- All Tree Nuts* & Nut Butters
- Other, Specify:

Allowable substitutes

- Soy Butter
- Sunflower Seed Butter
- Almond Butter
- Nut-free protein options

*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

Seafood Fish Allergy Shellfish Allergy Other: _____

Foods to Exclude

- Crustaceans (crab, shrimp, lobster)
- Mollusks (clam, mussel, oyster, scallop)
- Finned Fish*
- Caesar Dressing
- Imitation fish/crab
- Other, Specify:

Allowable substitutes

- Non-fish protein options
- Other, Specify:

*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

Other Condition: _____

Foods to Exclude

- _____
- _____
- _____
- _____

Allowable substitutes

- _____
- _____
- _____
- _____

Signature of Preparer	Printed Name	Date
Signature of Medical Authority & Credentials	Printed Name	Date