



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 team. 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)

Section A- Must be completed by the Parent/Guardian

Name of Student _____ Student's Date of Birth _____ Grade _____

School Name _____ Student ID _____ 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. Additionally, I give DCPS Food and Nutrition Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below.

Parent/Guardian Name (printed) _____ Signature _____

Phone Number _____ Email Address _____ Date _____

Section B- Must be completed by the Medical Practitioner (licensed physician, physician's assistant, or nurse 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(s) from the list below:

- | | |
|--|-------------------------------------|
| Wheat | Tree Nuts (not provided by FNS) |
| All Wheat | All Tree Nuts |
| Eggs | Peanuts (not provided by FNS) |
| All Egg Proteins- albumin (white) and Yolk | All Peanuts |
| Whole Egg- hard boiled and scrambled | Soy |
| Eggs baked in products are ok (i.e. muffins) | All Soy Protein |
| Dairy | All Soy Protein, except Soybean Oil |
| All Milk Proteins- Casein, Whey, etc. | Fish |
| Fluid Milk | All Fish |
| Cheese | Shellfish |
| Yogurt | All Shellfish |
| Sesame: | Other: _____ |
| All Sesame | |

Specific Foods to Omit or Substitute:
