Spokane Head Start/ECEAP/Early Head Start

REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Head Start/ECEAP/EHS and my child's medical provider,

(Provider name) ______________________________

To receive and disclose information regarding dietary treatment recommendations for:

Child's name ______________________________ Birth date ______________

Parent/legal guardian (please print) ______________________________

Parent's/guardian's signature ______________________________ Date ______________

Mailing Address ______________________________ City/State/Zip ______________

Phone ______________ Site ______________________________

FSC ______________ Room Number ______________ ☐ AM ☐ PM ☐ Full Day ☐ Duration

AUTHORIZATION IS VALIED FOR PROGRAM YEAR, BEGINNING__________ AND ENDING __________
PARENT/GUARDIAN MAY REVOKE THIS AUTHORIZATION AT ANYTIME IN WRITING.

MEDICAL PROVIDER: PLEASE COMPLETE SECTION BELOW

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)

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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):

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3. List food(s) and/or beverages to be substituted, provided, or modified:

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______________________________ ______________
Signature of State-Recognized Medical Authority* Date

Clinic Name ______________________________ Phone ______________

*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).