



Students with Food Allergies

Information and Required Form

Dear Parents/Guardian of a Student with Food Allergies:

The Nutrition Services Department at Central Valley School District's (CVSD) goal is to meet the nutritional needs of all students that we serve, including students with all levels of food allergies. Due to federal regulations, CVSD cannot replace or make any diet substitutions unless we have a "Request for Special Dietary Accommodations Form" (on back of this letter) or a "Severe Allergy Reaction Form" completed by your licensed physician/recognized medical authority.

If your student has a life-threatening food allergy, the following steps need to be taken:

1. Have your student's physician complete the Severe Food Allergy section of the Severe Allergy Reaction Form
2. If you have questions, please call Denice Kwate, Nutrition Services Supervisor at 558-5414.

OR

If your student has a food allergy or intolerance that is NOT life threatening, the following steps need to be taken:

1. Please review the "Request for Special Dietary Accommodations Form" that is available on the district website.
2. Give this form to a recognized medical authority. A recognized medical authority is defined as a:
 - a. Physician, either an M.D. (medical doctor) or a D.O. (doctor of osteopathy)
 - b. Licensed physician's assistant who is licensed to a physician and has prescriptive authority
 - c. Advanced licensed registered nurse practitioner (ARNP) who has prescriptive authority
 - d. Licensed naturopathic physician
3. Return the completed form to the Nutrition Services Department located in the Learning and Teaching Center (District Office). The mailing address is Central Valley School District, Nutrition Services, 19307 E. Cataldo, Spokane Valley, WA 99016.
4. If you have questions, please call Denice Kwate, Nutrition Services Supervisor, at 558-5414.

If your child's medical or health needs change at any time, it is your responsibility to notify Nutrition Services and complete a new Diet Prescription for Meals at School Form.

This form does not cover any texture modifications to a student's diet. If you need texture modification, please contact Special Services at 558-5500. If you have any questions about completing the Diet Prescription Forms, please contact Denice Kwate, Nutrition Services Supervisor at 558-5414.

Sincerely,

Denice Kwate, RD
Nutrition Services Supervisor
Central Valley School District
509-558-5414

Request for Special Dietary Accommodations Form

Student Name

Date of Birth

Parent / Guardian Name

Phone

Mailing Address

City/State/Zip

School

Grade

Signature of Parent/Guardian

Date

Diet Order

Federal law and USDA regulation require school nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. List the food(s)/beverage(s) to be avoided:

2. How does ingestion of the food/beverage affect the child:

3. List all food(s) and/or beverages to be substituted:

Signature of State-Recognized Medical Authority*

Date

Email

Phone

*A licensed health care professional authorized to write medical prescriptions in Washington