



Deer Valley Unified School District

Request for Special Diet Accommodation Instructions

PURPOSE: To record the student's condition requiring dietary modifications of school breakfast and/or lunch and the changes needed to accommodate the student's condition.

PREPARATION: The parent or guardian of the child is responsible for obtaining the form, filling out Part I, requesting completion of Parts II and III by the school dietitian and physician.

the complete form to the kitchen manager at the school where the child attends or by faxing the form to the district dietitian. Consultation by a dietitian for completion of the form, if needed, should be requested by the parent or physician.

Instructions for Part I (to be filled out by parent or guardian):

- **Name of Student:** Enter the student's last name and first name.
- **ID#:** Enter the student's school ID number.
- **Date of Birth:** Enter the student's six-digit date of birth, e.g. May 21, 1999 = 05/21/99

- **School:** Enter the name of the school which the student regularly attends.
- **Parent/Guardian:** Enter the full name of the student's parent(s) or legal guardian(s).
- **Phone Number:** If available, enter one or two telephone numbers with the area code where one or two of the guardians can be reached during the daytime.
- **Email:** If available, enter the primary email address for the parent/guardian.
- **Signature of Parent/Guardian:** Enter the signature of one parent or legal guardian's name. A printed name on the