

Special Dietary Accommodations

	Date of Birth		
	Phone	-	-
		Grade	
Date			
Phone	-	-	
Date			
5	rder to make reasonable substantially limits a inces.	Phone Phone	Phone - Grade Date To make reasonable modifications to accommodate characteristics a major life activity, which can includences. Phone

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

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This institution is an equal opportunity provider.

Please return completed form to your child's school office.