



Lake Roosevelt Schools | 503/505 Crest Drive | Coulee Dam, WA 99116  
Phone: Jr/Sr: (509) 633-1442 | Elem: (509)633-0730  
Jr/Sr Principal: Natalie Kontos | Elem. Principal: Lisa Lakin

Date:

Dear Parents/Guardians of: \_\_\_\_\_

You have indicated that your student is allergic or sensitive to the following food(s):

\_\_\_\_\_

If you would like a dietary accommodation for your student's allergy and/or disability at school, Food Services/OSPI **REQUIRES** that the enclosed form is completed by you and your child's health care provider and returned to the school office within **45 days of the above date**. If we do not receive the dietary substitution form within 45 days your child **will not be accommodated** and will be provided the regularly prepared meal without substitutions.

If the district is made aware that a meal modification is needed, the district will begin providing a reasonable modification to keep the child safe, and request the family provide a medical statement signed by a State Recognized Medical Authority to support the meal modification

This form only needs to be completed ONCE (not annually) while your child is enrolled at Grand Coulee Dam School District unless you notify us that changes need to be made for the dietary accommodations.

If you have any questions please do not hesitate call.

Thank you!  
LR Health Room  
509-631-3165