



Operations Division
Orange County Public Schools

Return to School Food Service Manager

MUST BE SIGNED BY PARENT FOR ACCEPTANCE

Diet Order Form
School Year 2019 - 2020

This form is for a medically certified need for a special diet including food allergies.

OCPS Food & Nutrition Services is committed to the mission and vision of our organization. We aim to serve nutritious meals to all children, including those having medically diagnosed or special dietary needs. By completing this dietary request form, you are acknowledging the following:

- Your child/student has a medically certified dietary need for special meal accommodations **(NOT FOOD PREFERENCES)**
- An official FNS Dietary Order Form has accompanied this document which should be completed and returned to the school when the child/student has a disability that impacts one or more major life activities and/or there is a need to modify the student's meals outside of standard federal regulations.

Student Name: _____ **Student ID** _____ **DOB:** _____
School Name: _____ **Teacher:** _____
Mailing Address: _____ **Grade:** _____

Choose meals eaten at school: Breakfast Lunch Snack Supper Does Not Consume School Meals

Does your child/student have food allergies? Yes No
 Are the food allergies severe or life-threatening? Yes No *(If Yes, FNS Medical Diet Order Form Requested)*
 Does your child/student have a medical disability that limits at least one major life activity and require meal modifications outside of the traditional federal meal program? Yes No *(If Yes, FNS Medical Diet Order Form Requested)*
 Explain: _____

Medical Release statement: I, _____, the official parent/guardian of the child above do hereby consent to the exchange of pertinent dietary information between the physician and school as needed. All Information will be kept confidential.
 Physician's Name: _____ Physician's Phone Number: _____
Parent/Guardian Signature: _____

Please Check the box of any food allergies or intolerances your child has. Be sure to list all other foods that are to be omitted.

Milk/Dairy: Fluid Milk Only Cheese/Milk as a Main Ingredient (Pizza, Mac-N-Cheese, Casseroles)
 Uncooked Milk Products (yogurt, cheese, ice cream, etc.)
 Foods made with milk such as baked goods, butter, etc.
 Other: _____

Please Select Preferred Milk substitute:
 Lactose-free milk Soy milk

Egg: Whole eggs (scrambled, hard cooked) Eggs in baked goods (breads, cookies, cakes) Mayonnaise or creamy salad dressings Other: _____

Wheat: Wheat (bread, pizza crusts, pasta, crackers, etc.)
 Gluten Rye, Oat, or Barley (Gluten free)
 Other: _____

Soy: Whole Soy (Tofu, Soy milk, soy sauce) Soybean oil
 All Soy Products (includes denatured soy. i.e. processed meats, baked goods, trace soy) Other: _____

Peanuts Only Tree Nuts Only: All Nuts
 Fish Shellfish: All Seafood

List any other or additional food allergies not yet specified: _____

 Indicate foods to omit: _____

 Suggested substitutes: _____

*** PLEASE COMPLETE SECTION BELOW AND SIGN!**

I acknowledge that my child may be identified in the meal service line.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Contact Phone Number: _____

Date of Acknowledgement: _____



FOR PHYSICIAN USE ONLY

Disability, Medical Condition (i.e. Diabetes, Gastrointestinal Disorders, and Renal Disease), or Severe Food Allergy: Provide a brief description of the **major life activity** (i.e. breathing, learning) affected by the disability or **severe and/or life-threatening reaction** resulting from the food allergy.

Diet Prescription: (For carbohydrate or protein restrictions, include the level allowed for each meal)

Food(s) to be Omitted and Suggested Substitutions:

Food(s) to Omit:	Suggested Substitute(s):

Texture Modification: If needed, select **one** appropriate for the student: **CHOPPED** **GROUND** **PUREED**

Physician's Signature:	Physician's Printed Name:	Medical License Number:
Phone Number:	Date:	Name and Phone of Registered Dietitian following student:
Fax Number:		

OFFICE USE ONLY: Signature _____ Date _____
OCPS Registered Dietitian / DTR

Information regarding the major allergens (Soy, Wheat, Dairy, Eggs, Fish, and Nuts) are available for review by calling 407-317-3700, ext. 2025182 and nutrient information can be found at www.ocpsmenus.com. **Parent/Guardian:** It is **REQUIRED** that this form is returned to the cafeteria manager once completed by the physician for verification. The manager will return the form to the District Food and Nutrition Service Office. **Padre o Tutor:** Se **REQUIERE** que luego de haber sido completada esta forma por el médico sea entregada al gerente de la cafetería para ser verificada. El gerente devolverá la forma a la Oficina de Servicios Alimenticios (*Food and Nutrition Services*) del Distrito. **Food Service Managers:** Return completed form via email fsmenu@ocps.net or fax at 407-317-3951. For more information, please call 407-317-3700. Once approved, copies of the FNS Diet Form will be distributed to FNS District Office, Food Service Manager, and School's Nurse.

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