



Diet Order Form

(Section 1)

will not be processed

School Year 2020 - 2021

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 dietary need for special meal accommodations including food allergies. Only Section 1 of this form should be completed and signed by the parents. **(NOT FOOD PREFERENCES)**
- Special Dietary needs and requests, including those related to general health concerns, personal preferences, and moral or religious beliefs are not disabilities and cannot be accommodated.
- When a food modification is necessary because of a medical disability a State Licensed Healthcare Professional must completed and signed Section 2 of this form.

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

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, Section II must be completed by physician)***

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 from this list:

Milk and Dairy Products
- ***For fluid milk only, complete "Fluid Milk substitution" Form***

Eggs

Wheat

Soy

Peanuts

Tree Nuts

Fish

Shellfish (Not served in school meals)

Corn

Sesame

If your child has any other food allergy, such substitution may only be made on a case-by-case basis when supported by a diet modification form signed by a recognized medical authority such as a physician, physician's assistant or nurse practitioner. (Complete Section 2).

***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: _____

Email: _____

Date of Acknowledgement: _____



Operations Division
Orange County Public Schools

Student's Name: _____ ID: _____

School Name: _____

FOR PHYSICIAN USE ONLY (Section 2)

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:

Liquids:

- Thin
- Nectar Thin
- Honey Thick
- Pudding Thick

Solids:

- Mechanical Soft (ground)
- Mechanical Soft (chopped)
- Pureed (Applesauce Texture)

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

Date _____ **OCPS Registered Dietitian / DTR** _____

Information regarding the major allergens (Soy, Wheat, Dairy, Eggs, Fish, and Nuts) are available for review by calling 407-858-3110, ext. 3295182 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 School Board of Orange County, Florida, does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. The following individuals at the Ronald Blocker Educational Leadership Center, 445 W. Amelia Street, Orlando, Florida 32801, attend to compliance matters: ADA Coordinator & Equal Employment Opportunity (EEO) Officer: Carianne Reggio; Section 504 Coordinator: Latonia Green; Title IX Coordinator: James Larsen (407.317.3200). In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.