



Operations Division
Orange County Public Schools

Discontinuation of Diet Prescription for Special Diet Order Forms
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. To be able to accomplish this goal it is important to notify as soon as possible any changes to the student's special dietary needs.

Please complete this form and return to the Food Service Manager at your child's school site in order for us to make any menu changes. (We do not need physician's signature for this form)

Must be completed by the Parent/Guardian

Name of Student: _____

Student's ID: _____

School Name: _____

FS Manager: _____

Select one:

Discontinuation of current diet prescription/request

Please indicate the modification needed.

No longer allergic to:

Milk

Eggs

Wheat/gluten

Soy

Peanuts

Tree Nuts

Fish

Shellfish

Corn

Other (explain in detail): _____

Name of Parent/Guardian: _____ **Signature:** _____

Email Address: _____ Date: _____

For School Use only:

Date form received: _____

Date alert changed: _____

Manager's Signature: _____

(Please maintain a copy of this form on file and provide a copy for the School Nurse and District Dietitian)