

ZCS FOOD SERVICE DEPARTMENT
CURRENT STUDENT DIET MODIFICATION FORM FOR SCHOOL YEAR **2019-20**


Name of Student (Last, First): _____
School: _____ Grade: _____
Parent/Guardian Name: _____ Phone: _____

1. Does the student presently have a **Disability** requiring diet modification? (Check one) Yes No
(Disability may include, yet is not limited to, life-threatening food allergy/anaphylaxis.)

If Yes: For a disability requiring a lactose free milk substitute which is the nutritional equivalent to cow's milk, please sign and date below.

If Yes: For any other disability or any other milk substitute, please proceed to Sections A and B.

Parent Guardian Signature: _____ Date: _____

2. If **No to question 1**  **Do not complete this form.** ZCS Cafeterias offer a wide variety of food choices. Menus with nutrition and allergen information are available at www.zcs.k12.in.us.

SECTION A

Disability (Explain): _____

Major life activity affected: _____

How does the above disability restrict diet? (Explain): _____

Check all foods to be omitted from diet:

Peanuts Tree nuts Milk Eggs Soy Wheat Fish Shellfish

Other (please specify): _____

REQUIRED: List all acceptable safe food substitutes:

Can the student consume foods where the allergen is an ingredient in a product? Yes No

Explain: _____

SECTION B

Date: _____

Signature of Health Care Provider who has Prescriptive Authority in the State of Indiana

PLEASE RETURN TO SCHOOL CAFETERIA (please allow 2 weeks processing.)

Questions? Contact Food Service at 317-873-1232.

An updated form must be provided for any changes in dietary needs for disability.

FOR FOOD SERVICE OFFICE USE ONLY:

Entered in POS system by: _____ (initials) on _____ (date) 8/22/19