


ZCS FOOD SERVICE DEPARTMENT
CURRENT STUDENT DIET MODIFICATION FORM FOR SCHOOL YEAR 2018-19

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

1. Does the student presently have a **Disability** requiring diet modification? (Check one) Yes No
(Disability includes life-threatening food allergy/anaphylaxis)

If Yes: For a disability requiring diet modification, **Sections A and B need to be completed by a Health Care Provider who has Prescriptive Authority in the State of Indiana.**

2. Does the student presently have a medical need/disability/or impairment that requires a milk substitute nutritionally equivalent to cow's milk? (Check one) Yes No **If Yes, Proceed to sections A and C.**

3. If **No to questions 1 & 2:**  **Do not complete this form.** ZCS Cafeterias offer a wide variety of food choices. Nutrition Resources and Allergy Menus 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: _____

*Note: If the nutritionally equivalent of cow's milk is needed, proceed to **Section C**.*

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

SECTION C

Date: _____

Parent/Guardian Signature

PLEASE RETURN TO SCHOOL CAFETERIA Questions? Contact Food Service at 317-873-1232.

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

This institution is an equal opportunity provider.

FOR FOOD SERVICE OFFICE USE ONLY:

Entered in POS system by: _____ (initials) on _____ (date) 4/10/18