


ZCS FOOD SERVICE DEPARTMENT
CURRENT STUDENT DIET MODIFICATION FORM FOR SCHOOL YEAR **2016-17**

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

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

If **No**:  **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. Click on Food Service, then visit the "Nutrition and Allergen Information" link for more information.

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.**

SECTION A

Disability (Explain): _____
Major life activity affected: _____
How does the above disability restrict diet? (Explain): _____

Circle 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: _____

(e.g. Any food that does not contain peanuts may be substituted)

Can the student consume foods where the allergen is an ingredient in a product? Yes No
(e.g. Can consume eggs in baked goods, but not hard boiled eggs)

Explain: _____

SECTION B

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

Date: _____

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.

"USDA is an equal opportunity provider and employer."

FOR FOOD SERVICE OFFICE USE ONLY:

Entered in POS system by: _____ (initials) on _____ (date).

03/23/2016