



FNS Diet Order for Special Nutritional Needs Annual Medical Statement for Students

This form must be completed in its entirety by the designated parties (declared in parts I-III) to receive special meal accommodations. Falsification or forgery of this document is a crime and is punishable by law.

I. Parent / Guardian (Complete Items 1-9)		
<i>(Padre o tutor: Completar la información en los espacios del 1 al 8)(Paran/Gadyen (Konplete Liy 1-8))</i>		
1) Student's Last Name (<i>Apellido del estudiante/ Non Elèv La</i>):	2) First Name (<i>Nombre del estudiante/Prenon Elèv La</i>):	3) Date of Birth (<i>Fecha de Nacimiento/Dat Nesans</i>) MM / DD / YYYY
4) Choose meals eaten at school <input type="checkbox"/> Breakfast (<i>Desayuno/Dejene</i>) <input type="checkbox"/> Lunch (<i>Almuerzo/Manje Midi</i>) <input type="checkbox"/> Snack (<i>Merienda/Ti Goute</i>) <input type="checkbox"/> Supper (<i>Cena/Manje Aswè</i>)		
5) Mailing Address (<i>Dirección Postal/Adrès</i>): _____ School (<i>Escuela/Lekòl</i>): _____ Grade (<i>Grado Escolar/Nivo Klas</i>): _____ School Year (<i>Año Escolar/Ane Lekòl</i>): 20__ to 20__		
6) Parent or Guardian's Signature (<i>Firma del Padre o Tutor/Siyati Paran oubyen Gadyen</i>)	7) Print Parent or Guardian's name (<i>Nombre del Padre o Tutor en letra de molde/Non Paran oubyen Gadyen</i>)	8) Parent's phone number Home (<i>Hogar/Lakay</i>): _____ Cell (<i>Móvil/Telefòn Selilè</i>): _____ Email: _____
9) Medical Release Statement: _____ I, the parent or guardian of the child above do hereby give my physician permission to release any pertinent dietary medical information to staff at OCPS Food & Nutrition Services. All information will be kept confidential.		
II. Cafeteria Manager (Complete Items 10-17)		
<i>(Gerente de la Cafetería: Completar espacios del 10 al 17)(Chèf Kwizin Nan: Konplete Liy 10-17)</i>		
10) School's name (Include EEC name, is applicable):	11) Check site type: <input type="checkbox"/> Prep <input type="checkbox"/> Satellite <input type="checkbox"/> Finishing School	
12) School Clinic Staff:	13) School Clinic Phone:	14) Is there a Health Care Action Plan in place at the school that includes dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO
15) Cafeteria Manager (<i>CM</i>):	16) CM's email:	17) Cafeteria Kitchen's Phone:
III. COMPLETED BY THE PHYSICIAN ONLY: (Complete Items 18-29)		
<i>(Esta sección solamente para ser llenada por el médico. Completar espacios del 18 al 29) (Seksyon Pou Doktè a Sèlman: Konplete Liy 18-29)</i>		
18) Does the student have a disability, medical condition or severe food allergy warranting a special diet? <u>The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school. Pursuant to the United States Department of Agriculture, 42 U.S.C. 12102(2)(B), major bodily functions include those of the immune, digestive, bowel, bladder, cellular, neurological, brain, respiratory, circulatory, endocrine and reproductive systems.</u> <input type="checkbox"/> YES If YES, continue to complete the remainder of this form. <input type="checkbox"/> NO IF NO, STOP HERE. A SPECIAL DIET IS NOT WARRANTED.		



19) Disability, Medical Condition, or Severe Food Allergy: Also 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.

20) Diet Prescription: (For carbohydrate or protein restrictions, include the level allowed for each meal)

21) Food Allergies: Indicate the level of sensitivity to the food(s) the child is allergic to:
 Omit all sources of this food **OR** Omit major sources of this food (small amounts are tolerated)

22) Food(s) to be Omitted and Suggested Substitutions:

Food(s) to Omit:	Suggested Substitute(s):

23) Texture Modification: If needed, circle **one** appropriate for the student: **CHOPPED** **GROUND** **PUREED**

24) Physician's Signature	25) Physician's Printed Name	26) Medical License Number
27) Phone number	28) Date	29) Name and Phone of Registered Dietitian following student:

OFFICE USE ONLY: Signature _____ **Date** _____
OCPS Registered Dietitian / DTR

Information regarding the major allergens (Soy, Wheat, Dairy, Eggs, Fish, and Nuts) are available for review by calling 407-317-3700, ext. 2025182 and nutrient information can be found at www.ocpsmenus.com.

Shellfish is not served in OCPS cafeterias (No se sirven mariscos en las cafeterías de OCPS)

Parent/Guardian: It is **REQUIRED** that this form is returned to the cafeteria manager once completed by the physician for verification. The manager will return the form to the District Food and Nutrition Service Office.

Padre o Tutor: Se **REQUIERE** que luego de haber sido completada esta forma por el médico sea entregada al gerente de la cafetería para ser verificada. El gerente devolverá la forma a la Oficina de Servicios Alimenticios (*Food and Nutrition Services*) del Distrito.

Food Service Managers: Return completed form via email fsmenu@ocps.net or fax at 407-317-3951. For more information, please call 407-317-3700. Once approved, copies of the FNS Diet Form will be distributed to FNS District Office, Food Service Manager, and School's Nurse.

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 (not all bases apply to all programs).

Remedies and complaint filing deadlines vary by program or incident. 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. USDA is an equal opportunity provider, employer, and lender.