FNS DIET ORDER for Special Nutritional Needs
Annual Medical Statement for Students

Part I (to be filled out completely by parent or guardian): Date: _____

Parent/Guardian: Complete Items 1 - 7 (Padre ó Tutor: Complete la información en los espacios 1 al 7)			
1) Student's Last Name*(Apellido)* **First Name***(Nombre del estudiante)*		**3) Date of Birth***(Fecha de nacimiento)* **Age** (Edad) _____	**4) Circle Meals Eaten at School***(Circule los alimentos que su niño(a) consumirá en la escuela)* **Breakfast Lunch Snack** (Desayuno) (Almuerzo) (Bocadillo/Merienda)
5) Parent/Guardian Signature*(Firma del Padre ó Tutor)*	**6) Print Name of Parent/Guardian** *(Escriba en letra de molde el nombre del Padre ó Tutor)*	**7) Parent Phone Number(s)***(Número(s) de teléfono del padre ó tutor)* Home *(Hogar)*: ( )_____-_____ Cell *(Móvil)*: ( )_____-_____ Email: _____	
Mailing Address (Dirección Postal):			
School Attended by Student (Escuela)_____ **Grade** (Grado):_____ **School Year: 20__ to 20__**			

Cafeteria Manager: Complete Items 8 – 15 (Gerente de la Cafeteria: Complete la información en los espacios 8 al 15)

8) School Name (Include EEC name, if applicable)	**9) Check Site Type:** ☐ **Prep** ☐ **Satellite** ☐ **Finishing School**	
10) School Nurse	**11) School Nurse's Phone #**	**12) School Fax #**
13) Cafeteria Manager (C.M.)	**14) C.M. Email Address**	**15) Cafeteria Phone #**

Is there an IEP in place at the school that includes dietary restrictions?

☐ **YES** ☐ **No**

COMPLETED BY THE PHYSICIAN ONLY: Complete Items 16 – 27 (Esta sección para ser completada por el médico solamente. Complete la información en los espacios 16 al 27)

16) Does the student have a disability, medical condition or severe food allergy warranting a special diet?

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. Per USDA law 42 USC 12102(2)(B), major bodily functions include those of the immune, digestive, bowel, bladder, cellular, neurological, brain, respiratory, circulatory, endocrine and reproductive systems.

☐ **YES** If "YES", continue to complete the remainder of this form.

☐ **NO** **If "NO", STOP HERE. A SPECIAL DIET IS NOT WARRANTED.**

17) 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.

_____

_____

COMPLETED BY THE PHYSICIAN

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

_____

_____

19) 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)

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

Food(s) to Omit	Suggested Substitution(s)

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

22) Physician's Signature	23) Physician's Printed Name	24) Medical License Number
25) Telephone Number	**26) Date**	**27) Name & Phone of Registered Dietitian Following Student:**

OCPS RD/DTR Signature _____ **Date** _____

*Information regarding the major allergens **(Soy, Wheat, Dairy, Eggs, Fish, and Nuts)** are available for review by calling 407-317-3799, ext. 0 and nutrient information can be found at https://www.ocps.net/op/food/Pages/Nutrition.aspx

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 Office.

Padre óTutor: Se REQUIERE que entregue esta forma completada por el médico al gerente de la cafeteria para ser verificada. El gerente devolverá la forma a la oficina de servicios Food and Nutrition de el Distrito.

Managers: Return completed form to:

Orange County Public Schools
Food and Nutrition Services
6501 Magic Way, Building 500
Orlando, Florida 32809
Fax: (407) 317-3951
Phone: (407) 317- 3700

Once approved copies will be distributed to:
- **District Office**
- **Food Service Manager**
- **Nurse**