

Lake Central School Corporation Food Service
Grimmer Middle School
225 W. 77th Avenue, Schererville, In 46375
Phone 219.865.4416 Fax 219.865.3150

Gladys Rediger
Director of Food Services

Dr. Lawrence Veracco
Superintendent

Dear Parents / Guardian:

Lake Central's Food Service Department will work to accommodate your student's special dietary needs due to handicaps, disabilities and/or food allergies, including, but not limited to wheat, eggs, soy, fish, shellfish and milk, peanuts and other tree nuts. The school's Food Service Manager can make substitutions in menu choices based on physician recommendations. We will examine non-medically certified dietary needs on a case by case basis, making substitutions whenever possible.

In order for a manager to make any menu changes, we must have a completed **Diet Order Form** on file. **Parents should complete the attached Diet Order Form. This Diet Order Form applies to dietary concerns ONLY**, please visit the nurse at your child's school for all other medical concerns. If your child is under a physician's care for dietary concerns please print the form below and have the physician fill it out (Part 2) or attach your child's prescription to the form. Please turn in physician information (Part 2) to the district Food Service office at:

Attention Gladys Rediger Food Service Director

Lake Central Food Service
225 W. 77th Avenue
Schererville, Indiana 46375

Once the form is received, the Food Service Director will contact the parent as necessary and discuss the Diet Order Form and the substitutions/ modifications necessary to accommodate the student. One form per student should be completed **each school year** to assure our records are kept up to date.

If you have any questions concerning your student's special dietary needs, please call me at 865-4416 or e-mail at grediger@lcscmail.com to set up an appointment to discuss an appropriate action plan.

Thank you

Gladys Rediger

Gladys Rediger, Director of Food Services
Lake Central Food Service
225 W. 77th Avenue
Schererville, Indiana 46375
Telephone 219-865-4416 Fax 219-865-3150.

This institution is an equal opportunity provider.

Lake Central Food Service Diet Order Form

This form only applies to students with Special Dietary Needs. Please visit the nurse at your student's school for all other medical concerns.

Part 1. To be filled out completely by parent or guardian

Student's Full Name, please print

Last _____ First _____ Middle _____

Date of Birth _____ Age _____ Student ID# _____

School _____ Grade _____ School Year _____

Will your student eat breakfast at school? Yes No Lunch at School? Yes No

Parent/Guardian Signature _____ Date _____

Daytime telephone number _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Indicate which dietary modification the student needs and *specify* what changes need to be made:

Lactose intolerance: (check all that apply) No Milk to Drink Avoid all dairy products Milk as Ingredient Substitute Lactose-free milk

Food Allergies: (check all that apply) Life Threatening Ingestion Contact Inhalation

Wheat Dairy Soy Peanuts Tree Nuts Fish Whole Eggs Eggs as Ingredients Sesame Shellfish

Other instructions: _____

Substitutions: _____

Diabetic: (check all that apply) Low Blood sugar High Blood sugar insulin dependent non insulin dependent

Other information _____

Texture Modification: (circle one) Pureed Ground Chopped

I give Nutrition Services permission to speak with the below-named physician or authorized medical authority to discuss the dietary needs described below. Parent Signature _____ Date _____

Part 2. To be filled out completely by a licensed medical doctor (MD) or recognized medical authority treating the student.

DIAGNOSIS _____

Does the child have an identified disability? Yes No If yes, please describe the major life activities affected by the

disability in the space provided _____

If the child has a **disability, or life threatening allergy**, Part 2 must be completed and signed by a licensed physician only.

Indicate which dietary modification the student needs and *specify* what changes need to be made: _____

Physician Name _____ Physician Signature _____

Telephone _____ Fax _____ Date _____

Send physician/authorized medical authority portion of form (Part 2) to: **Lake Central Food Service 225 W. 77th Avenue Schererville, Indiana 46375 Attention Gladys Rediger Food Service Director.** Once the form is received, the Food Service Director will contact the parent as necessary and discuss the Diet Order Form and the substitutions/ modifications necessary to accommodate the student. One form per student should be completed **each school year** to assure our records are kept up to date.

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