Questions? E-mail: mfranks@warsawschools.org

Warsaw Community Schools Food Nutrition Services Special Diet Request for 2018-2019

Questions? Call: 574-371-5086 ext. 5

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A. Student Infor	mation - to be filled out by parent/guardian.	
Student Name:		Date of Birth:
Home Address:		School:
Parent/Guardian Name:		Phone:
	MENU MODIFICATION FOR	STUDENT WITH DISABILITY
signature must be subn 504 of the Rehabilitatio	nitted annually to the WCS Food & Nutrition Services by	cian to accomodate a student's disability. A physician's statement and the parent or guardian before accomodations are provided. Under Section to has a physical or mental impairment that substantially limits one or more s in a life-threatening (anaphylactic) reaction.
	MENU MODIFICATION FOR ST	UDENT WITHOUT DISABILITY
A medical authority's st	ratement and signature must be submitted annually to the considered. Modifications are determined on a case by considered.	ance or other medical condition that does not rise to the level of a disability. he WCS Food & Nutrition Services by the parent or guardian before case basis in consultation with WCS School Food & Nutrition personnel,
	Note regarding milk	allergy/intolerance
regulations no longer a		ability as defined above where it is medically prescribed in the diet. USDA Students are permitted to decline fluid cow's milk. Parents may send a dining areas.
B. Food Allergies	s/Intolerances - to be filled out by a medical a	authority.
Does student have	a disability? Yes No	
If Yes, describe the maj	or life activities affected by the disabilty.	
Foods or Food Category to be Omitted	Can the food be an ingredient in a recipe or processed food product? Explain if yes. Example: Avoid scrambled eggs, but eggs used as ingredient in pancakes are OK.	Must list acceptable foods to substitute NOTE- Juice can not substitute for milk unless a major life activity is affected by a documented disability and juice is prescribed in place of milk. Soy milk is an option.
Additional Informa	tion - (student has epi pen, may consume pizz	a but not milk, etc.):
Medical Authority Name (print):		Date:
Medical Authority Signature:		Phone:
Parent/Guardian Signature:		Date:

This institution is an equal opportunity provider.