Lake Central School Corporation Food Service

Grimmer Middle School
225 W. 77th Avenue, Schererville, IN 46375
Phone 219-865-4416 Fax 219-865-3150

DeAnn Alleva
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. 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 complete. Please return the completed form to:

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

Once the form is received, we 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 Criss Federenko at 865-4416 ext. 1 or e-mail at cfederen@lcscmail.com to set up an appointment to discuss an appropriate action plan.

Thank you

DeAnn Alleva

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

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 completed form to: **Lake Central Food Service 225 W. 77th Avenue Schererville, Indiana 46375.** Once the form is received, we 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.

This institution is an equal opportunity provider.