Lake Travis ISD Food and Nutrition Services

Medical Meal Accommodations

This form is not required to be updated annually unless there is an update to your student's medical condition.

Part A: to be completed by parent/guardian	
Student Name: _____	**DOB:** _____ **Student ID:** _____ **Campus:** _____ **Grade:** _____
Printed Parent/Guardian Name: _____	**Phone Number:** _____ **Email Address:** _____

Part B: MUST be completed by MD, DO, NP, APRN
All questions must be answered for any diet modifications or substitutions to be made in school meals.

1. **Does the child have a disability recognized by the Americans with Disabilities Act?**
❑ Yes ❑ No

2. **If the child does NOT have a disability, does the child have a food allergy or intolerance that results in an anaphylactic or adverse reaction when exposed to that specific food?**
❑ Yes ❑ No

3. **Please identify the disability, food allergy, or intolerance & describe the major life activities affected.**

4. **Check all foods that affect the child (if applicable):**

❑ **Fresh Dairy** (fluid milk, yogurt, cheese, etc.) ❑ **Baked Dairy** (as an ingredient in baked goods)

❑ **Fresh Eggs** (hard boiled eggs, scrambled eggs, etc.) ❑ **Baked Eggs** (as an ingredient in baked goods)

❑ **Peanuts** ❑ **Tree Nuts** ❑ **Wheat/Gluten** ❑ **Soy** ❑ **Fish** ❑ **Shellfish** ❑ **Sesame**

❑ Other:_____

5. **Please describe meal accommodation to be made:** (foods to be omitted, modified, or substituted)

_____	_____	_____
Physician's Printed Name or Stamp	**Physician's Signature**	**Date**

By submitting this form, you are giving consent for LTISD FANS to consult with the child's MD, DO, NP, or APRN about this condition. If you do <u>NOT</u> want LTISD FANS to contact the medical office, initial here _____.

I have read the above orders and agree with this plan of care for my child.

_____	_____
Parent Signature	**Date**

Completed forms should be submitted to your campus nurse to be scanned and emailed to Food and Nutrition Services. *Please allow up to <u>7 business days</u> for processing.* For information regarding Lake Travis ISD FANS meal accommodations, please visit the Food and Nutrition Services website (https://www.ltisdschools.org/foodallergy). Parents may remove food restrictions by way of written consent; any additions or increases in severity of medical meal accommodations must be amended by MD, DO, NP, or APRN with a new form.

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