Food Allergy Notification Order Form

This form is to be completed by a licensed physician (or other medical authority) for ***students who have been diagnosed with a life threatening food allergy or a disability and requires a special diet or food accommodation****. Please note, an individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act as well as the USDA's nondiscrimination regulation, as a person who has physical or mental impairment that substantially limits one or more major life activities that all reasonable requests for food and beverage substitutions will be made so the student can eat.*

PART I - Parent/Legal Guardian to complete this section: **Student Grade:**_____ **Student ID#**_____ **Sex:** M F

Student Last Name_____ Student First Name_____

School Building_____ Parent/Legal Guardian Name (s)_____ Phone #_____

Parent/Legal Guardian Name (s)_____ Phone #_____

Parent/Legal Guardian Email Address: _____

Which of the above numbers is the best way to contact with questions? ❑ Phone ❑ Email

******* PART II, III & IV BELOW MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN/MEDICAL AUTHORITY *******

PART II - To be completed by licensed physician or medical authority any time there is a change in the diagnosis regarding food allergies on this student.
Please check all FOODS to be avoided by this student in order to prevent a life-threatening reaction:

❑ Eggs ❑ Dairy ❑ Soy ❑ Peanuts ❑ Tree Nuts ❑ Wheat ❑ Fish ❑ Seafood

Other Food (s): (Please specify) _____

Please list the appropriate foods to substitute for the allergen-containing foods listed above:

PART III - To be completed by licensed physician or medical authority any time there is a change in the diagnosis regarding a disability for this student.

Student's Disability:	
Brief Explanation of why the disability restricts the student's diet:	
Please identify the major life activity affected by the disability:	

Physician Signature:	Date Signed:
Printed Name of Physician:	Doctor's Office Phone #:

Tippecanoe School Corporation Use Only:

SIGNATURE OF PERSON ACCEPTING ORDER ADMINISTRATION

_____ _____ _____

Food Allergy Notification Plan—Tippecanoe School Corporation

Parent of student with a disability OR life-threatening food allergy that requires a special diet accommodation should follow this flow chart in order to ensure proper communication of your child's needs.

PARENT

Obtain a **Food Allergy Notifcation and Medication Order Form** from Corporation website: http://www.tsc.k12.in.us

PARENT/PHSYCIAN

Parent to take **Food Allergy Notification and Medication Order Form** to a licensed physician (or medical authority) for completion, verifying the student has a disability covered by Section 504 of the Rehabilitation Act (1973) or the Americans with Disabilities Act as a person who has physical or mental impairment that substantially limits one or more major life activities or a LIFE-THREATENING food allergy, as these are the ONLY cases food substitutions will be made.

Parent to return the completed form along with the **Food Allergy History Form** and prescribed medication to the **school nurse.** *Parent is encouraged to communicate with the student's teachers, coaches and aides* annually.

DIRECTOR OF NUTRITION

Director will receive a copy of the student's signed Food Allergy Notification and Medication Order Form from the school nurse. The Director of Nutrition provides annual training to all CNS staff regarding food allergy awareness.

SCHOOL NURSE

Will send a copy of the **Food Allergy Notification and Medication Order Form** to Director of Nutrition upon receipt.

Nurse will update student database with current information for view by Building Principal, Transportation & Teaching Staff. Forms are then placed in health record.

Parent may contact Director (if so desired) for further clarification regarding menu substitutions.

Student's Meal Account will be updated with notation of food allergy/special dietary need creating a pop-up box that will alert the cashier of the student's allergy.

Director will communicate the student's special dietary needs with building Cafe Manager.

It is encouraged for parent to contact the Cafe Manager directly regarding immediate concerns or questions related to student preferences, needs, or menu offerings via phone or email

CAFE MANAGER

Cafe Manager will notify all building CNS servers and cashiers regarding student's dietary needs.

Child Nutrition Staff

CNS Staff will provide safe food for the student to eat following the Food Allergy Notification and Medication Order Form and directives provided by the Cafe Manager

Color Chart:

Blue—Parent/Student Responsibility

Yellow—Child Nutrition Services' Responsibility

Green—School Nurses Responsibility

Purple—Physician's Responsibility