



# FOOD ALLERGY SUBSTITUTION PLAN

## Life-threatening allergy/disability (anaphylaxis)

Place  
Child's  
Picture  
Here

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
School Year: \_\_\_\_\_

**Lakewood City Schools does not accommodate for milk substitution for non life-threatening conditions. Milk substitutions are not allowed in this situation.**

### Life-threatening allergy/disability related to consuming milk (anaphylaxis) only

A medical note from a licensed physician that describes the Child's life-threatening condition must be attached to this form with the physician signature and phone number.

1. Student's Disability:

Food Allergy: **MILK**

Please substitute 8 oz. of milk with 8 oz. 100% orange juice.

### Life-threatening allergy/disability related to consuming nut and peanut butter (anaphylaxis) only

2. Student's Disability:

Food Allergy: **NUTS & PEANUT BUTTER**

Please substitute the Breakfast Peanut Butter and Jelly Sandwich with 2 Servings of *Cheerios* or *Rice Krispies* Cereal.

Please substitute all Breakfast Bars/ Cereal Bars that contain nuts with *Cheerios* or *Rice Krispies* Cereal.

### Life-threatening allergy/disability related to consuming fish (anaphylaxis) only

3. Student's Disability:

Food Allergy: **FISH**

Please substitute the Fish Sticks with Cheese Pizza, Grilled Chicken Patty Sandwich or Hamburger on a Bun.

### Life-threatening allergy/disability related to consuming the food products below (anaphylaxis) only

4. Student's Disability:

Food Allergy: \_\_\_\_\_

Please substitute \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

“This institution is an equal opportunity provider”