



## ALVARADO ISD OPERATIONS DEPARTMENT

PO Box 387 ♦ 110 South Bill Jackson Drive  
Alvarado, TX 76009  
Phone: (817) 783-6807  
Fax: (817) 783-6892

Dear Physician,

Your patient's parents have indicated that their child either has a food allergy or a disability that requires meal modifications. We are able to make meal modifications for a child who has a **food allergy or disability** if we have the attached **forms completed and signed by a physician**. The completed forms must identify:

- *The child's disability;*
- *An explanation of why the disability restricts the child's diet;*
- *The major life activity affected by the disability;*
- *The food or foods to be omitted from the child's diet, and*
- *The food or choice of foods that must be substituted.*

Once these forms are received, the school will review the form for the required information, and a 504 or ARD committee meeting may then be scheduled to develop an Individual Education Plan to address the child's special meal requirements. We are not able to make substitutions or modifications to meals without having the completed forms and the resulting IEP on hand.

The second form is the "Allergy Health Care Action Plan". The purpose of this form is to assist the staff in addressing an allergic reaction. This form must also be **completed and signed by a physician**.

Thank you,

Mark Ratcliff