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LUTZ LEARNING  
C E N T E R

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### Alternate Nutrition Agreement

Dear Parent,

Our program requires an Alternate Nutrition Agreement anytime a student has unique nutritional needs requiring menu item substitution or full meal substitution. Our goal is to protect your child from known allergies and honor your preferences. This form is to serve as your request to provide alternates to the items on our menu your child can not eat (while minimizing the impact on our chef's ability to prepare our menu). Please complete and return this agreement to assist us in identifying your preferences when meeting your child's nutritional needs. This written plan supersedes all past and future verbal communication.

I, \_\_\_\_\_ hereby request Lutz Learning Center make an alternate nutrition for my child, \_\_\_\_\_. Once I have chosen a plan, this is the plan I will stay with, unless medical reasons require a change. In the event I must change my child's nutrition plan, I will do so by completing a new alternate nutrition agreement, rendering this one void. Plans cannot be changed daily as we need to know the quantity of food to order. I understand and agree to provide (*choose only one plan*)

- A.) \_\_\_\_\_ a fully prepared and cooked substitution for only the food/s restricted
- B.) \_\_\_\_\_ a full meal substitution each and every day

My child is restricted from the following foods or foods containing \_\_\_\_\_

This restriction is due to a:

- \_\_\_\_ Preference
- \_\_\_\_ Allergy

If allergy, in the event of accidental exposure the following measures must be taken \_\_\_\_\_

My child will be present for:

(*check all which apply*)

- \_\_\_\_ Breakfast
- \_\_\_\_ Lunch
- \_\_\_\_ Snack

Initial the following:

\_\_\_\_\_ I hereby give Lutz Learning Center the responsibility of serving the food I have prepared for my child. I realize the possibility of cross contamination exists as Lutz Learning Center's kitchen is not gluten/allergy free. I understand Lutz Learning Center **will not** be refrigerating or heating up the foods substituted and will pack cold packs or use a thermos when the meal I am providing necessitates. I am aware Lutz Learning Center is a nut free school and agree to exclude all nuts and product containing nuts in addition to desserts, sodas, chips, and all food with low nutritional value. I will do my best to provide a substitution as close to the food on the menu on days I must provide alternate nutrition. I will label my child's food with their first and last name and the date.

Parent signature: \_\_\_\_\_

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