

SPECIAL DIET STATEMENT FOR CHILD CARE FACILITIES

The participant named below is enrolled in the Child and Adult Care Food Program (CACFP). Substitutions may be made if the participant is unable to consume certain foods due to medical or other dietary reasons. However, the substitutions must be authorized by a recognized medical person (i.e., Doctor, Nurse Practitioner, Child Health Associate or Registered Dietitian). The recognized medical person must specify in writing the foods to be omitted and the advised substitutions including time prescribed.

Complete The Following Information:

Date: _____ Substitution Effective Through: _____

Participant's Name: _____ DOB: _____

Center Name: _____

Non-iron-fortified infant formula has been substituted for iron-fortified infant formula for infant under 12 months.

List recommended alternate food(s).

Iron-fortified infant cereal has been eliminated from the infant's diet.

List recommended alternate food(s).

Other Give a brief explanation and list recommended alternate food(s).

Children (needed if child is less than 24 months and not receiving Whole Milk):

Circle one of the following items: Whole milk 2% Milk 1% Milk Skim Milk

Milk Allergy List special instructions, if any, and recommend alternate food(s).

Other Give a brief explanation and list recommended alternate food(s).

Signature of Recognized Medical Person

Signature of Center Director