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DOCTOR'S FOOD SUBSTITUTION FORM

Dear Parent/Guardian:

Your child is enrolled in a child care home which participates in the United States Department of Agriculture's Child and Adult Care Food Program (CACFP). Meals and snacks served to your child must meet the CACFP nutritional requirements. Food substitutions which deviate from the prescribed guidelines may be made only when supported by a physician's statement. Please ask your physician to complete and sign the form below.

THE FOLLOWING IS TO BE COMPLETED BY THE PROVIDER:

Name of Child: _____ Birthdate: _____
Name of Child Care Provider: _____ License #: _____
Association Account # _____

THE FOLLOWING IS TO BE COMPLETED BY A PHYSICIAN:

1. Medical/special dietary restriction (Circle or specify below)

Food Allergy Lactose Intolerance Iron Intolerance Obesity
Other (specify): _____

2. Food(s) to be omitted (Circle or specify below)

Iron-Fortified Infant Cereal Wheat Products Iron-Fortified Infant Formula Whole Milk
Other (specify): _____

3. Food(s) to be substituted (Circle or specify below)

Low Iron Formula Vita-Mite Rice Products
Other (specify): _____

4. Substitution Effective Through _____

Complete #5 and #6 if the child has a special need.

5. Description of the child's special need and indication that it restricts the child's diet:

6. Restriction of major life activity affected by the special need:

Physician Signature _____

Date _____

FOR SPONSOR USE ONLY

Approved

Supervisor

Date

Denied

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