

**Child Care Food Program
Medical Statement for Meal Modifications**

Child care facility staff must complete the following information:

Child's Name: _____ Date: _____

Name of Child Care Facility: _____

Facility Address: _____ Phone Number: _____

Child Care Facility Director Name: _____

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP).

Please return this completed form to the child care center. If you have any questions, you may contact the facility.

A recognized medical authority must complete the following information:

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:

Foods to be Substituted:

Describe any textural modification, adaptive equipment, or other modifications required:

Signature of Physician or Recognized Medical Authority
(For a disability – a Physician, PA, or ARNP must sign)

Date

Printed Name

Phone Number

A parent or guardian must complete the following information:

Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

I certify that this facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____ Parent Phone Number: _____