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 disability means any person who has a physical or mental impairment which substantially limits one or more "major life activities" including 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, please 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 Date
(For a disability – a Physician, PA, or ARNP must sign)

_____ _____
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)

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: _____