



Child Care Food Program

Parent Request for Food Substitution

Center/Provider:	
Child's Name	
Date of Birth:	

To be completed by Parent/Guardian:

I, _____, am the parent/guardian of the above named child.

I am requesting that my child be served a food other than _____ because of (circle one):

PERSONAL PREFERENCE RELIGIOUS REASONS ALLERGY SENSITIVITY

I would like my child to be served _____ in place of the above named food.

****If a child has a food substitution request related to a disability, the child care provider is required to provide a food component substitution.**

****Substitutions must meet all meal pattern requirements to be reimbursable. If a meal pattern requirement is not met, a **Medical Statement for Children with Disabilities and Special Dietary Conditions** completed by a licensed physician, PA, or ARNP must be on file.**

Parent/Guardian Signature: _____

Date: _____

Director/Provider Signature: _____

Date: _____