

Florida Department of Health Child Care Food Program FloridaHealth.gov/CCFP 850-245-4323 • CCFP@FLhealth.gov

A licensed healthcare professional who is authorized to write medical prescriptions under state law (physician, physician's assistant, nurse practitioner) or registered dietitian must complete parts 2 and 3 of this form. The child's parent or guardian must complete part 1.

ame of Center/Care Provider: ame of Parent or Guardian:  RT 2: ACCOMODATIONS - Completed by Licensed Healthcare Professional or Registered Dietic wides the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant dieter physical or mental impairment restrict their diet?  Interpretation of the participant's physical or mental impairment restrict their diet?  Interpretation of the participant dieter physical or mental impairment restrict dieter physical or mental impairment restrict dieter physical or mental impairment restrict dieter.  Interpretation of the participant dieter physical or m	hild's First and Last Name:			Date of Birth:
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ART 2: ACCOMODATIONS - Completed by Licensed Healthcare Professional or Registered Dieti ow does the participant's physical or mental impairment restrict their diet?  //hat food(s)/type of food(s) must be omitted from the diet? Please be specific:  ist food(s)/type of food(s) to be substituted: Please be specific:  exture Modification (if needed): Check box to the left of modification required	<del>-</del>			Phone Number:
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Texture Modification (if needed): Check box to the left of modification required  □ Pureed □ Ground □ Bite-sized Pieces □ Other, please specify:  □ Dairy/Lactose □ Eggs  □ Lactose Intolerant □ Dairy Allergy □ If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with Can child consume the following: □ Can the child consume the following: □ Can the child consume the following: □ Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the following: □ Prepared with Can the child consume the	Vhat food(s)/type of food(s) must	be omitted	d from the d	iet? Please be specific:
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Can the child consume the following:  Milk/dairy products in baked goods:	☐ Pureed ☐ Ground ☐  Please check if applicable:	Bite-sized		of modification required  ☐ Other, please specify:
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Milk/dairy products in entrée items:	□ Pureed □ Ground □  Please check if applicable:  Dairy/Lactos  □Lactose Intolerant	Bite-sized  Ee  Dairy Al	Pieces	of modification required  Other, please specify:  Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with,
Yogurt:	□ Pureed □ Ground □  Please check if applicable:  Dairy/Lactos  □Lactose Intolerant  Can child consume the following	Bite-sized  Ee  Dairy Al	Pieces	of modification required  Other, please specify:  Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with, Can the child consume the following:
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PART 3: SIGNATURE - Completed by Licensed Healthcare Professional or Registered Dietitian  Name of Provider/Dietitian:  Facility/Office Name:	Pureed Ground Diese Check if applicable:  Dairy/Lactose Intolerant  Can child consume the following Milk/dairy products in baked goods Milk/dairy products in entrée items	Bite-sized  Dairy Al  S: S: Yes S: Yes	Pieces  Illergy  No No	of modification required  ☐ Other, please specify:  Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with, Can the child consume the following:  Breads containing eggs: ☐ Yes ☐ No French toast, pancakes, muffins: ☐ Yes ☐ No
Name of Provider/Dietitian: Phone Number: Facility/Office Name:	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes	llergy  No No No	of modification required  ☐ Other, please specify:  Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with, Can the child consume the following:  Breads containing eggs: ☐ Yes ☐ No French toast, pancakes, muffins: ☐ Yes ☐ No
Name of Provider/Dietitian: Phone Number: Facility/Office Name:	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes	llergy  No No No	of modification required  ☐ Other, please specify:  Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with, Can the child consume the following:  Breads containing eggs: ☐ Yes ☐ No French toast, pancakes, muffins: ☐ Yes ☐ No
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Facility/Office Name:	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items  Yogur  Cheese	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes T: Yes	Pieces  Ilergy  No No No No	If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with,  Can the child consume the following:  Breads containing eggs:   Yes  No  French toast, pancakes, muffins:  Yes  No  Foods containing mayonnaise:  Yes  No
-	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items  Yogur  Cheese	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes T: Yes	Pieces  Ilergy  No No No No	If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with,  Can the child consume the following:  Breads containing eggs:   Yes   No  French toast, pancakes, muffins:   Yes   No  Foods containing mayonnaise:   Yes   No
Facility/Office Address:	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items  Yogur  Cheese  PART 3: SIGNATURE - Complete  Name of Provider/Dietitian:	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes CE DYES	Pieces  Illergy  No No No No	Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with,  Can the child consume the following:  Breads containing eggs: Yes No  French toast, pancakes, muffins: Yes No  Foods containing mayonnaise: Yes No
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Signature: Date:	Please check if applicable:  Dairy/Lactos  Lactose Intolerant  Can child consume the following  Milk/dairy products in baked goods  Milk/dairy products in entrée items  Yogur  Cheese  PART 3: SIGNATURE - Complete  Name of Provider/Dietitian:	Bite-sized  Dairy Al  S: S: Yes S: Yes T: Yes CE DYES	Pieces  Illergy  No No No No	Eggs  If eggs or whole eggs are listed as an allergy for the child, but stated can be cooked in or prepared with, Can the child consume the following:  Breads containing eggs: Yes No French toast, pancakes, muffins: Yes No Foods containing mayonnaise: Yes No  Althcare Professional or Registered Dietitian