

PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

PLEASE PRINT

Child's First & Last Name	Age / Birth Date _____ / _____	Date
Day Care Provider's First & Last Name	Address	City/Zip

Parent/Guardian:

This day care home participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when accommodation requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact your day care home provider.

PHYSICIAN STATEMENT

- Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?)

No	If no, go to item 2 below.
Yes	If yes, provide the following information and complete items 3, 4, and 5 below.
	What is the disability?
	What major life activity is affected?
	How does the disability restrict the diet?

- Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.

- List food/type of food to be omitted. For the safety of the child, please be as specific as possible.

- List food/type of food to be substituted. For the safety of the child, please be as specific as possible.

- _____

Date

Signature of Physician

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