

SPECIAL DIET FORM

This center/facility participates in the Child and Adult Care Food Program (CACFP) and any meals, snacks, or milk claimed for reimbursement must meet program requirements. Food accommodations must be made when the food accommodation is due to a disability (a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment). Reasonable food accommodations may be made for children/participants without disabilities who may have special medical or dietary needs. Food accommodations are to be supported by a statement signed by a recognized state medical authority which is defined as a state licensed health care professional who is authorized to write medical prescriptions under state law.

To be completed by parent, guardian or authorized representative

Child/Participant Name:		Birth Date:
Parent/Guardian/Authorized Representative Name:		
Email:		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City:	State:	Zip:

To be completed by recognized state medical authority

Check and complete appropriate information. For the safety of the child, please be as specific as possible.

<input type="checkbox"/>	Yes, this child/participant has a disability that requires food accommodation?
Describe disability:	
What major life activity is affected?	
How does the disability restrict the diet?	

<input type="checkbox"/>	Child/Participant has no disability but requires a special diet
Describe the medical or other special dietary need that restricts diet:	

List food/type of food to be omitted.

List food/type of food to be substituted for omitted food(s). Please be specific regarding any needed food texture changes or detailed menu to be followed.

Signature of Recognized State Medical Authority:	Date:
Printed Name:	Phone: