MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

This child care facility participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting CACFP requirements. Food substitutions may be made only when supported by a recognized medical authority. The recognized medical authority must specify, in writing, the food to be omitted from a child's diet and the food or choice of foods that may be substituted.

Name of Child Care Facility	Facility T	elephone Number	Name of A	dministrator/Director	
Full Name of Child (please print)			Date of Bir	Date of Birth	
Name of Parent or Guardian (please print)			Parent/Gua	Parent/Guardian Telephone	
Check One:					
My child has a disability or a medical condition that requires a special meal and/or accommodation.					
My child does not have a disability, but I am requesting a special meal or accommodation due to a food					
intolerance or other medical reason.					
A licensed physician, physician assistant or nurse practitioner must complete and sign the remainder of this form.					
The child's disability or medical condition requiring a special meal or accommodation:					
If the child has a disability, provide a brief description of his/her major life activity affected by the disability:					
Diet prescription and/or accommodation (please describe in detail to ensure proper implementation - use extra pages as needed):					
In disease for all continues for a large and the					
Indicate food texture for above child: Regular Chopped Ground Pureed					
Foods to be omitted and substitutions (please list specific foods to be omitted and suggested substitutions. You may attach a sheet with					
additional information as needed):	A		Additional I	dditional Instructions or	
Foods to be omitted	Allowed Substitutions (s		Requirements (special adaptive equipment, etc.)		
			(special adaptive	(Special adaptive equipment, etc.)	
Signature of Recognized Medical Authority*		Printed Name		Date Signed	
Mailing Address		City, State and Zip Code		Telephone Number	

Revised 05/01/2019

Return this completed form to: Child Care Plus, 18445 HWY 105 West, Suite 102-192, Montgomery, TX 77356-6065