



# Child Care Food Program Medical Statement for Meal Modifications

**Child care facility staff must complete the following information.**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child Care Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child Care Facility Director Name: \_\_\_\_\_

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A disability means any person who has a physical or mental impairment which substantially limits one or more "major life activities" including eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Please return this completed form to the child care center. If you have any questions, please contact the facility.

**A recognized medical authority must complete the following information.**

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:	Foods to be Substituted:
_____	_____
_____	_____
_____	_____

Describe any textural modification, adaptive equipment, or other modifications required:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Recognized Medical Authority  
(For a disability – a Physician, PA, or ARNP must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

**A parent or guardian must complete the following information.**

Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

This facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_