

Institution/Sponsor Name: St. James School for Little Folks **Agreement Number:** 8636

Facility Name: St James School for Little Folks

Child and Adult Care Food Program (CACFP)

MEDICAL STATEMENT FOR FOOD SUBSTITUTIONS

Return the completed form to the Child Care Provider/Facility

Participant Information

Name: _____ **DOB:** _____

This participant has a medical condition that restricts his/her diet. Yes No

Part II: to be completed by a *Recognized Medical Authority*

Recognized Medical Authorities: Licensed Physicians (MD), Physician's Assistants (PA), or Nurse Practitioners (NP).

What is the medical condition requiring modification of meals? (Circle appropriate reason)

Severe Allergy to: _____ Mild Allergy to: _____

Religious Objection Vegetarian/Vegan Other: _____

Identify Food(s) to be omitted from diet:

Identify Foods to be substituted:

Substitutions must be of the same nutritional value being omitted from the diet.

Special diet requirements/ substitutions must be supplied by the parent. I certify the above named patient/client requires the food substitutions described above for medical reasons:

Signature of Medical Authority _____

Signature of Parent/Guardian _____