

SAMPLE



Child Care Food Program
Medical Statement for Children with Disabilities
and Special Dietary Conditions

Child's Name: Baby LuLu Date: July 1, 2013

Name and Address of Child Care Center: Little Angel's Child Care Center, 1001 Garden Lane, Tallahassee, FL 32399

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a physician's statement. Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant, nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at 850-123-4567.

Child Care Center Phone Number

Sincerely: Karen Smith

Child Care Center Director

A recognized medical authority must complete the following information.

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

Yes

If yes:

- a. State and describe the disability.
b. How does the disability restrict the diet?
c. What major life activity is affected?

No

If no:

Identify the medical condition (unrelated to a disability) that restricts the child's diet.

Colicky

2. List any food(s) to be omitted from the child's diet.

Milk based formula

3. List any food(s) to be substituted.

Nutramigen formula

4. Describe any textural modification required.

Carol Hathaway, A.R.N.P.

Signature of Physician or Recognized Medical Authority (For a disability, a physician must sign)

Carol Hathaway

Printed Name

July 6, 2013

Date

850-555-7654

Phone Number