



**MEDICAL STATEMENT FOR FOOD SUBSTITUTIONS**  
**Child and Adult Care Food Program (CACFP)**

The child named below is a participant in the Child and Adult Care Food Program (CACFP). His/her child care provider is required to serve the child according to the minimum requirements of the CACFP. Substitutions may be made if individual participating children are unable, because of medical or other special dietary needs, to consume such foods. A recognized medical authority (physician, physician's assistant, nurse practitioner, dentist, registered dietician, registered nurse) shall authorize such substitutions. The recognized medical authority should specify in writing the food(s) to be omitted from the child's diet and the food(s) that may be substituted for the meal component. **If the substitution is due to a disability, a licensed physician, physician's assistant, nurse practitioner, or dentist must sign the form.**

**Part I: To be completed by parent or guardian (as applicable)**

Date: \_\_\_\_\_ Child Care Provider/Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent or Guardian's Name: \_\_\_\_\_

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

Patient /Client's Name: \_\_\_\_\_

(Please check one)  Disability or  Medical Condition Requiring a Food Substitution: Describe medical condition that requires an accommodation (Ex. diabetes, or allergy to peanuts). \_\_\_\_\_

\_\_\_\_\_

Food(s) to be omitted from diet:

Food(s) to be substituted:

Food(s) to be omitted from diet:	Food(s) to be substituted:

I certify the above named patient/client requires the food substitutions described above due to a disability or medical condition.

Signature of Medical Authority \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*This institution is an equal opportunity provider and employer.*