



Southwest Human Development Services

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SPECIAL DIET STATEMENT

The child named below is a participant in the USDA Child and Adult Care Food Program (CACFP). His or her day care providers is required to serve the child according to the meal patterns requirements established by the National Academy of Sciences for the Program (see reverse). To claim a meal that deviates from the Program patterns, a Special Diet Statement must be provided by the parent for the provider with the approval of a medical doctor.

Today's Date _____ Diet Effective Through _____

Child's Name _____ Age of Child _____ (Years or Months)

Provider's Name _____ Provider ID Number _____

INSTRUCTIONS: Check the appropriate statement below and include recommended alternate foods or liquids for this child.

[] Infant approved to be served (Please circle one of the following):

Whole Milk 2% Milk 1% Milk Skim Milk

[] Non-Iron fortified infant formula substituted for Iron-Fortified Infant formula for infants under 12 months. List recommended alternate foods: _____

Note: Infants under one year do not require a Special Diet Statement if served soy-based formula

[] Milk Allergy; Special instructions if any. List recommended alternate foods: _____

[] Iron-fortified Infant Cereal (IFIC) has been eliminated from Infant's Diet (ages 4-12 months). List recommended alternate foods: _____

[] Other. Offer a brief explanation. List recommended alternate foods: _____

Signature of Physician _____

Date: _____