Child Care Food Program
Sample 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 person with a
disability means any person who has a physical or mental impairment which substantially limits one or more
major life activities, has a record of such a disability, or is regarded as having such a disability. Major life
activities are broadly defined and include, but are not limited to, 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, you may contact the
facility.

A recognized medical authority must complete the following information:

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

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<thead>
<tr>
<th>Foods to be Omitted:</th>
<th>Foods to be Substituted:</th>
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<tbody>
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Describe any textural modification, adaptive equipment, or other modifications required:

__________________________________________________  ___________ ___________________
Signature of Physician or Recognized Medical Authority  Date
(For a disability – a Physician, PA, or ARNP must sign)

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)

I certify that 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: ________________________