



Alaska Family Child Care Food Program

SPECIAL DIET STATEMENT

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The child named below is a participant in the U.S. Department of Agriculture’s Child & Adult Care Food Program (CACFP). His/her provider is required to serve the child according to the minimum requirements of the CACFP. It has come to our attention that this child cannot be fed one or more of the CACFP meal pattern requirements. Please provide the following information to allow this child to participate on the CACFP. This form is good for one fiscal year (October 1-September 30) and **MUST** be updated yearly. **This form MUST be filled out by a recognized Medical Authority (MD, DO, PA, or CNP)**

Child’ Name _____ Date of Birth _____

Parent’s/Guardian’s Name _____

Child Care Provider’s Name _____ AFCCFP# _____

Medical condition handicap or special need requiring meal pattern change or food modification. _____

This restricts child’s diet because: _____

Check the appropriate statement below:

- _____ Infant under 8 months approved to be served (circle one of the following): Whole Milk 2% Milk 1% Milk Skim Milk
- _____ Non iron-fortified or low-iron (circle one) infant formula should be substituted for iron-fortified infant formula for infant under 12 months.
- _____ Iron-fortified infant cereal has been eliminated from infant’s diet (ages 8 months to 1st birthday) at: Circle appropriate meals: Breakfast Lunch Supper
- _____ Solid foods will be introduced in a timely progression starting at age: _____
- _____ Child is allergic to: _____
- _____ Child has an intolerance or sensitivity to: _____
- _____ Other: Please describe _____

List recommended alternate foods or other roods required for the conditions noted above: _____

Medical Authority’s Printed Name: _____, MD/DO/PA/CNP

Medical Authority’s Signature and Date: _____, MD/DO/PA/CNP