

**Medical Statement for Children Requiring Special Meals in the Child  
and Adult Care Food Program**

**Note:** According to 7 CFR, part 226.20, food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

**Part I (To be filled out by Child Care Center/Provider)**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Center/Home Attended by Child: \_\_\_\_\_

**Part II (To be filled out by Medical Authority)**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the medical or other special dietary needs that restrict the child's diet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List food(s) to be **omitted** from the diet and food(s) to **be substituted** (Diet Plan): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.