



# Child Care Food Program Medical Statement for Children with Disabilities

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Address of Child Care Center: \_\_\_\_\_  
\_\_\_\_\_

Dear Parent/Guardian and Recognized Medical Authority:

Child care providers must make reasonable modifications to meals to accommodate disabilities which restrict a child's diet. A disability means any person who has a physical or mental impairment which substantially limits one or more "major life activities." "Major life activities" include 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/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, please contact me at

\_\_\_\_\_. Sincerely, \_\_\_\_\_  
Child Care Center Phone Child Care Center Director

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**A recognized medical authority must complete the following information.**

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State and describe the disability.

How does the disability restrict the diet?

List any food(s) to be omitted from the child's diet.

List any food(s) to be substituted.

Describe any textural modification or adaptive equipment required.

\_\_\_\_\_  
Signature of Physician or Recognized Medical Authority  
(For a disability – a physician, PA, or ARNP must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

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**Parent must complete the following information.**

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This facility has not requested or required me to provide special food for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_