Child and Adult Care Food Program
ALLERGY/FOOD EXCEPTION STATEMENT

1/2017

Description: The Child and Adult Care Food Program (CACFP) is funded by the United States Department of Agriculture (USDA). The CACFP reimburses day care home providers for participant's meals that meet USDA requirements. If an infant, child or adult in care needs to avoid specific foods for a medical reason, reimbursement is allowed only if a recognized medical authority has documented the need for an exception to the CACFP meal pattern and signed the statement.

Please complete this form and return to: _____
(Name of day care home provider)

Participant's Name: _____ Birth Date: _____

Parent/Caregiver/Guardian's Name: _____

1) Disability: Does the participant have a disability? ❑ Yes ❑ No

If yes, a medical doctor (MD) or doctor of osteopathic medicine (DO) must sign this form. If the participant is not disabled the form may be signed by any of the recognized medical authorities listed below.

If yes, describe the major life activity or activities affected by the disability:

If yes, explain why the disability restricts the participant's diet:

2) Special Dietary/Feeding Needs: Does the participant have a food allergy or intolerance? ❑ Yes ❑ No

If yes, describe the nature of the allergy/intolerance:

3) Food(s) or Formula to Avoid:	**Food(s) or Formula to Substitute:**
Infants at CACFP day care homes must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	

4) Other dietary or feeding needs for the participant including texture modifications:

Date for a recheck or re-evaluation: _____

Medical authority: _____ _____
Name (Print or Type) Title

[A recognized medical authority is one of the following: medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP)].

Address: _____

_____ _____
Signature of Medical Authority Date

To be completed by the parent/guardian: If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship.

Check if you wish for the provider to supply the substitute foods. ❑
Check if the parent wants to supply the substitute foods. ❑

Signature: _____ Date: _____
(For permission to release information to the provider)

If the participant does not have a disability, the provider is encouraged but not required to supply the food substitutions.