Child and Adult Care Food Program
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION

NAME OF DAY CARE CENTER/HOME AND ADDRESS

Dear Parent/Guardian:

This day care center/home participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a physician’s statement. Please ask your physician to complete and sign this form. Return the completed form to the day care center/home. If you have any questions, please contact me at _______________________.

Day Care Center/Home Phone Number

Sincerely,

Day Care Center/Home Contact Person

CACFP SPONSOR – KEEP COMPLETED FORM SIGNED BY PHYSICIAN ON FILE AT THE DAY CARE CENTER/HOME

COMPLETE ALL INFORMATION

1. Does child have a disability according to 7 CFR Part 15b.3 (defined as “any person who has a physical or mental impairment which substantially limits one or more major life activities”)?

   □ YES    If yes, provide the following information and complete parts 3, 4 and 5.
   □ NO     If no, go to part 2.

   a. What is the disability? _______________________

   b. How does the disability restrict the diet? _______________________

   c. What major life activity is affected? ____________

2. Child has no disability but requires a special diet.
   Provide the following information and complete parts 3, 4 and 5.
   Identify medical problem which restricts the child’s diet.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

5. _______________________

   Date

   Signature of Physician

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