

SPECIAL DIET STATEMENT

The child named below is a participant in the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP). His/her child care provider is required to provide meals according to the minimum requirements for the CACFP.

Today's Date _____ Date Effective Through _____

Child's Name _____ Age _____

Check the appropriate statement and include recommended alternates:

_____ in place of Breast Milk or Iron Fortified Infant Formula- Infant (8 through 12 months) approved to be served (circle one):			
whole milk	reduced fat milk (2%)	low-fat milk (1%)	skim milk (nonfat)
_____ Non-Iron Fortified Infant Formula substituted for Iron Fortified Infant Formula for an infant less than 12 months old. <i>NOTE: Infants do not require a Special Diet Statement for soybean based formula</i>			
_____ Child has a milk allergy-Please list special instructions or list any recommended alternate foods below:			
_____ Other-Brief explanation of milk and/or dairy needs: _____ _____ _____			

_____ Iron-Fortified Infant Cereal has been eliminated from the infant's diet (ages 4
through 11 months). List recommended alternate foods.

_____ Other-Brief explanation of dietary needs:

Signature _____ Date: _____
Physician or certified nurse practitioner

Parent Signature _____ Date: _____