



12 North Newstead
St. Louis, MO 63108
314-531-1412
800-467-2322
Fax; 314-531-4184

Child and Adult Care Food Program
Medical Exception Statement for Food Substitutions

Child's Name

Date

Name of Day Care Center/Home Address

Dear Parent/Guardian;

This day care center/ home participate 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

Day Care Center/Home Contact Person

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 _____