

DIETARY RESTRICTION & SUBSTITUTION STATEMENT

The following child is a participant in the United States Department of Agriculture (USDA) program: National School Lunch Program School Breakfast Program, After-school Snack Program, Summer Food Service Program, or the **Child and Adult Care Food Program**. USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made. The statement must include the following:

To be completed by Parent/Guardian:

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Parent/Guardian Signature: _____

Date: _____

To be completed by child's Physician or Medical Authority:

List any food allergies or food intolerances:

List food or beverages to be substituted:

List any dietary restrictions or special diet:

Physician's Name: _____

Office Phone Number: _____

Physician/Medical Authority Signature: _____

Date: _____

*Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the child's physician or medical authority.