

CACFP Special Diet Statement

_____ (Family Childcare Provider's Name) is a participant in the Ohio Child and Adult Care Food Program, (CACFP). As a participant, this program is required to serve the minimum amounts and types of foods required by the CACFP. If medically necessary, or because of special dietary needs, substitutions may be made. These substitutions must be authorized by a recognized medical physician.

The physician must specify, in writing, the food(s) to be omitted from the child's diet and the food(s) to be substituted.

Child's Name: _____ Age: _____

Today's Date: _____

This special diet statement will be valid for 1 year from the date of signature unless rescinded by the physician.

Foods to eliminate from diet	Food to substitute
Example: Milk	Example: Rice Milk
Physicians Signature:	Date: