MEDICAL STATEMENT FOR CHILD WITH ALLERGIES/

CHRONIC DISEASES/DISABILITIES REQUIRING SPECIAL MEALS - CACFP/SFSP NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
Rev. 6/03) G/Tools/CACFP/Medical Statement for Child with Allergies-CACFP/SFSP

Manage of Charles	**************************************		<u></u>
Name of Child:		Center Site;	•
DOB:	•	Center Attended:	
Parent Name:		Telephone:	
Telephone:		3	
Diagnosis (i.e., food allergy or o	chronic disease or disability)		
		•	,
		•	•
If a disability, describe the majo	or life activity affected by the disat	bility	
		•	
			•
Diet Prescription and/or Texture	and Liquids Modification (Descri	ibe in detail to ensure proper implement	tallas and compliance)
•	all milate mentioners from	ne pi domi la atinare brekes militariteris	акон ана сотрианосу
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Indicate texture:			
Regular	☐ Chopped .	☐ Ground	Pureed
Indicate thickness of liquids:	, man and the second se	- John Bridge Lond	LJ F Greek
☐ Regular	☐ Nectar	☐ Honey	☐ Pudding
	om the diet and foods that	may be substituted (may use the	e back of this form)
Omilted Food		Suggested Substitution	
Omitted Food	, , , , , , , , , , , , , , , , , , ,	Suggested Substitution	
Omlited Food		Suggested Substitution	,
Special Feeding Equipment			
Signature of Physician	HEREATORIAN AND AND AND AND AND AND AND AND AND A	Printed Name	,
Telephone		Date	
Signature of Preparer or Other Go	onlact	Printed Name	
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felephone		Date	
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