



# SPECIAL DIET STATEMENT (Infants under 12 months)

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.

In order for this child to received foods that vary from the meal pattern required by the Child and Adult Care Food Program regulations, this form must be completed and signed by a licensed physician.

Today's Date \_\_\_\_\_ Diet Effective Through (date) \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Provider's name \_\_\_\_\_ Provider # \_\_\_\_\_

**Check the appropriate statement and include recommended alternatives:**

\_\_\_\_\_ 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 (2%) milk, low-fat (1%) milk, or skim milk (this would need to be related to an allergy or need and not just a request based on cost or convenience.)

\_\_\_\_\_ Non-Iron-Fortified Infant Formula substituted for Iron-Fortified Infant Formula for an infant under 12 months. NOTE: Infants do not require a Special Diet Statement for soybean based formula

\_\_\_\_\_ Milk allergy: Special instructions if any. List recommended foods to be omitted and recommended alternate foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Iron-fortified Infant Cereal has been eliminated from the infant's diet (ages 4 months through 11 months). List Recommended alternate foods: \*again, for breakfast, to eliminate this food component there would need to be an allergy or NEED to make the substitution.

\_\_\_\_\_ Other: Brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Physician

White: Day Care Provider; Yellow: Family Day Care Network