

**Better Child Care Child and Adult Care Food Program  
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION**

<b>CHILD'S NAME</b>	<b>DATE</b>
<b>NAME OF DAY CARE HOME AND ADDRESS</b>	

Dear Parent/Guardian:

This day care home participates 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 home. If you have any questions, please contact me at \_\_\_\_\_.

Day Care Home Phone Number

Sincerely,

\_\_\_\_\_  
Day Care Home Contact Person

**CACFP SPONSOR – KEEP COMPLETED FORM SIGNED BY PHYSICIAN ON FILE AT THE DAY CARE HOME**

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**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 that restricts the child's diet.

3. List food/type of food to be omitted.

4. List food/type to be substituted.

5. \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Physician**

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