

**FOOD FOR KIDS, INC. - MEDICAL STATEMENT FOR FOOD SUBSTITUTIONS**

**Part A**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Day Care Provider Name: \_\_\_\_\_ Parent or Guardian's Name: \_\_\_\_\_

Does this child have a disability? If yes, describe the major life activities affected by the disability.

Yes  No

Does the participant have special nutritional or feeding needs related to the disability? If yes, complete Part B of this form and have it signed by a licensed physician.

Yes  No

If the participant is not disabled, does the participant have special dietary needs? If yes, complete Part B of this form and have it signed by a recognized medical authority (physician, R.D., or RN).

Yes  No

**Part B**

List any dietary restrictions or special diet.

List any foods to be omitted from the participant's diet.

List foods to be substituted. (For example, a substitute for milk is lactose-free milk, soy milk, or calcium fortified orange juice.)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's or Medical Authority's Signature

\_\_\_\_\_  
Date