



Parent: If your child has a food allergy, this exception statement must be completed by your health care provider. This entire form must be completed to include both the foods to avoid and the food to substitute so that we may adjust menus to better serve your child. We can only adjust menus when this form is completed by a healthcare provider.

Iowa Child and Adult Care Food Program ALLERGY/FOOD EXCEPTION STATEMENT

Description: The Child and Adult Care Food Program (CACFP) is funded by the United States Department of Agriculture (USDA). The CACFP reimburses centers for children's meals that meet USDA requirements. If an infant or child needs to avoid specific foods for a medical reason, reimbursement is allowed only if a recognized medical authority has documented the need for an exception.

Please complete this form and return to: _____

(Name of child care center)

Child's/Infant's Name: _____ Birth Date: _____

Parent's/Guardian's Name: _____

Signature of Parent: _____ Date: _____

(For permission to release information to the center)

1) Disability: Does the infant/child have a disability? Yes No If yes, a physician must sign this form. If the child is not disabled the form may be signed by any of the health care practitioners listed below.

If yes, describe the major life activities affected by the disability:

2) Special Dietary/Feeding Needs: Does the infant/child have a food allergy or intolerance? Yes No

If yes, describe the nature of the allergy/intolerance:

Food(s) or Formula to Avoid:

Food(s) or Formula to Substitute:

Infants at CACFP centers must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.

Other dietary or feeding needs for the infant/child:

Date for a recheck or re-evaluation: _____

Health Care Practitioner: _____

Name (Print or Type)

Title

[Health care practitioner must be one of the following: medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA) or advanced registered nurse practitioner (ARNP)].

Address: _____
