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

CHILD’S NAME

DATE

NAME OF DAY CARE CENTER/HOME AND ADDRESS

Dear Parent/Guardian:

This day care center/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 center/home. If you have any questions, please contact me at:

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Day Care Center/Home Phone Number
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Day Care Center/Home Contact Person

CACFP Sponsor – Keep Completed Form Signed by Physician on File at the Day Care Center/Home

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 which restricts the child’s diet.

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

4. List food/type of food to be substituted.

5. ____________________________ __________________________
   Date    Signature of Physician