

PHYSICIAN'S STATEMENT FOR FOOD SUBSTITUTION

The following child is a participant in the United States Department of Agriculture (USDA) Food Program which provides federal funding for nutritious meals in child care programs. Children who have food allergies or special dietary needs are required by USDA and Army regulations to have a statement indicating this from their physician on file with the care provider. **Below, please specify food(s), which this child may not consume, and recommend substitute food(s), which will provide comparable nutrients. Signs of reaction to restricted foods must be listed. All portions of the form must be completed. Incomplete forms will result in request being denied.** Thank you for your assistance. Please return form to your care provider or send completed form to:

Kim S. White, Nutritionist
CYSS
1100 Lee Ave Suite 119
Fort Lee, Virginia 23801-1720

(Please type or print in ink):

Child's Name _____ Date of Birth _____

CYSS Program (check one) Child Development Center _____ Family Child Care _____ School Age/Youth Services _____

Food Allergies/Dietary Restrictions: _____

Substitute Foods: _____

Signs of Allergic Reaction: _____

Treatment: _____

Child requires and Epi-pen to be kept on site for this allergy? _____ yes _____ no

Parents may be asked to provide meal substitutions when documented requirements cannot be met by Child and Youth Services. **If the parent provides the food, it must be supplied at all times. When no food is provided, the parent will be called to bring in the food for that day.** If the CYSS program cannot provide the required substitution, a Special Needs Accommodation Process (SNAP) Team meeting will be held with the parents/guardians to discuss the dietary requirements and meal substitution plans.

PHYSICIAN'S OFFICE STAMP

PHYSICIAN'S SIGNATURE/DATE

PARENT'S SIGNATURE/DATE

CHAPLAIN'S SIGNATURE/DATE

APPROVAL: _____
CYSS PROGRAM DIRECTOR'S SIGNATURE

DATE

CYSS NUTRITIONIST'S SIGNATURE

DATE