

Special Diet Medical Form for Children - (Age 1 Year and Older)

Provider Instructions: Keep a blank form ready just in case. Fill out the top part of the form. Give to the parent before a doctor's visit to avoid costly fees. Send completed form to Day Care Resources.

Provider's Name: _____
Child's Name: _____
Child's Age: _____

Day Care Resources, Inc.
USDA Child and Adult Care Food Program
P.O. Box 380
Morton, IL 61550
(309)-263-0701

Dear parent or guardian:

This child is enrolled in the Child and Adult Care Food Program (CACFP), a nutrition program funded by the U.S. Department of Agriculture (USDA). Each day care home that participates in the CACFP must serve the minimum requirements from the Meal Pattern for Children (shown on back of this form) to be reimbursed. If there is a medical reason the child cannot eat one or more of the required foods, a doctor must complete the form below. The physician must write what food is to be substituted instead of the required food. Return the completed form to your day care provider.

These foods do **NOT** require a medical form:

- 1) Iron Fortified Infant Formula is allowable until 13 months of age. A transition time of one month (from the date the child turns 12 months to 13 months of age) is expected.
- 2) A child's mother can provide breast milk as a substitute for cow's milk.

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN ONLY.

Check (✓) one of the following:

- Child has the following food allergy/intolerance:

Please serve this child _____
instead of _____

A food substitution is required.

- Child needs a special diet:

Please serve this child _____
_____ instead of _____

A food substitution is required.

- Child has turned one year old but must stay on infant food until: _____

- Child has 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")

Answer the questions below.

What is the disability? _____

How does the disability affect the diet? _____

What major life activity is affected? _____

Physician Signature (Required) (DATE)

Physician Name

(_____) _____
Phone Number

Address

City

Zip Code

MEAL CHART

Child and Adult Care Food Program

Illinois State Board of Education
 Nutrition Programs and Support Services
 100 North First Street
 Springfield, Illinois 62777-0001
 800-545-7892

MEAL	FOOD COMPONENTS	AGE 1 and 2	AGE 3 through 5	AGE 6 through 12
Breakfast	Fluid Milk	1/2 c	3/4 c	1 c
	Juice or Fruit or Vegetable	1/4 c	1/2 c	1/2 c
	Grains/Breads¹ Cold Dry Cereal	1/2 serving 1/4 c or 1/3 oz	1/2 serving 1/3 c or 1/2 oz	1 serving 3/4 c or 1 oz
Supplement/ Snack Select 2 Different Components	Fluid Milk	1/2 c	1/2 c	1 c
	Juice² or Fruit or Vegetable	1/2 c	1/2 c	3/4 c
	Meat or Meat Alternate			
	Meat or Poultry or Fish ³ or Alternate Protein Product ⁴	1/2 oz	1/2 oz	1 oz
	Cheese or	1/2 oz	1/2 oz	1 oz
	Egg (large) or	1/2	1/2	1/2
	Cooked Dry Beans or Dry Peas or	1/8 c	1/8 c	1/4 c
	Peanut Butter or other Nut/Seed Butters or	1 T	1 T	2 T
	Nut and/or Seeds or	1/2 oz	1/2 oz	1 oz
	Yogurt – Plain or Sweetened/ Flavored	1/4 c	1/4 c	1/2 c
Grains/Breads¹ Cold Dry Cereal	1/2 serving 1/4 c or 1/3 oz	1/2 serving 1/3 c or 1/2 oz	1 serving 3/4 c or 1 oz	
Lunch/Supper	Fluid Milk	1/2 c	3/4 c	1 c
	Meat or Meat Alternate			
	Meat or Poultry or Fish ³ or Alternate Protein Product ⁴	1 oz	1 1/2 oz	2 oz
	Cheese or	1 oz	1 1/2 oz	2 oz
	Egg (large) or	1/2	3/4	1
	Cooked Dry Beans or Dry Peas or	1/4 c	3/8 c	1/2 c
	Peanut Butter or other Nut/Seed Butters or	2 T	3 T	4 T
Nut and/or Seeds ⁵ or	1/2 oz	3/4 oz	1 oz	
Yogurt – Plain or Sweetened/ Flavored	1/2 c	3/4 c	1 c	
Vegetables and/or Fruits⁶ (2 or more)	1/4 c total	1/2 c total	3/4 c total	
Grains/Breads¹ Cold Dry Cereal	1/2 serving 1/4 c or 1/3 oz	1/2 serving 1/3 c or 1/2 oz	1 serving 3/4 c or 1 oz	

¹ Refer to Grains/Breads Chart. Each day care provider should have a copy of the Grain/Breads chart in his/her guidebook.

² Juice may not be served when milk is served as the only other component.

³ Edible portion as served.

⁴ A manufacturer supplying an alternate protein product must provide documentation that the product meets all the following criteria.

- Processed so that some portion of the non-protein constituents of the food is removed;
- Safe and suitable edible products produced from plant or animal sources;
- Produced so the biological quality of the protein is at least 80 percent that of casein; and
- Contains at least 18 percent protein by weight when fully hydrated or formulated.

⁵ No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combination one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.

⁶ Full-strength vegetable or fruit juice may be counted to meet not more than one-half of the requirement.