



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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Signature of Health Care Practitioner

Date