

Child and Adult Care Food Program (CACFP)

MEDICAL STATEMENT FOR FOOD SUBSTITUTIONS

Part I: To be completed by parent, guardian, or adult day care participant, as applicable

Date: 8/19/09 Participant's Name: Pedro Estevan

Parent or Guardian's Name (if applicable):
Juanita and Pedro Estevan

Day Care Provider/Facility: _____

Part II: To be completed by a *Recognized Medical Authority*

Recognized Medical Authorities: Licensed Physicians (MD), Physician's Assistants (PA), Registered Dietitians (RD), Nurse Practitioners (NP), Registered Nurses (RN), Naturopathic Physician (NP), Doctor of Osteopathy (DO), and Naturopathic Doctor of Osteopathy (NDO).

Date: 8 Patient/Client's Name: Pedro Estevan

Medical Condition that requires participant to have food substitutions: Peanut allergy

Food(s) to be omitted from diet: <u>Peanuts, Peanut Butter,</u> <u>Any Foods Processed</u> <u>with Peanuts</u>	Foods to be substituted: <u>None</u>
_____	_____
_____	_____
_____	_____
_____	_____

I certify the above named patient/client requires the food substitutions described above for medical reasons:

Signature of Medical Authority Providers Signature RD, LD
(NOT A REAL FORM)