

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

Day Care Facility Instructions: Keep a blank form on hand. When needed, 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. We will mail you a copy for your records.

Provider's Name (or Day Care Center/Facility Name): \_\_\_\_\_

*Day Care Resources, Inc.*  
USDA Child and Adult Care Food Program  
Day Care Homes:      Centers/Facilities:  
P.O. Box 380              P.O. Box 140  
Morton, IL 61550        Morton, IL 61550  
(309)-263-0701            (309)-263-3506

Day Care Facility Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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 facility that participates in the CACFP must serve the minimum requirements from the Meal Pattern for Children (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 recognized medical authority must complete the form below. Return the completed form to your day care facility.

---

## ***THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN ONLY.***

---

Check (✓) one of the following:

- 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? \_\_\_\_\_

What major life activity is affected? \_\_\_\_\_

How does the disability affect the diet? \_\_\_\_\_

Please serve this child \_\_\_\_\_

\_\_\_\_\_ instead of \_\_\_\_\_

***A food substitution is required.***

- Child needs a special diet:

Medical problem that restricts the child's diet \_\_\_\_\_

Please serve this child \_\_\_\_\_

\_\_\_\_\_ instead of \_\_\_\_\_

***A food substitution is required.***

\_\_\_\_\_  
*Physician Signature (Required)* (DATE)

\_\_\_\_\_  
*Physician Name*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Zip Code*

# MEAL PATTERN FOR CHILDREN – Ages 1 through 12 Years

Child and Adult Care Food Program

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

MEAL	FOOD COMPONENTS	AGE 1 <sup>8</sup> and 2	AGE 3 through 5	AGE 6 through 12
<b>Breakfast</b>	<b>Fluid Milk<sup>1</sup></b>	½ c	¾ c	1 c
	<b>Juice or Fruit or Vegetable</b>	¼ c	½ c	½ c
	<b>Grains/Breads<sup>2</sup></b> Cold Dry Cereal	½ serving ¼ c or ½ oz	½ serving ⅓ c or ½ oz	1 serving ¾ c or 1 oz
<b>Supplement/ Snack</b> Select Two Different Components	<b>Fluid Milk<sup>1</sup></b>	½ c	½ c	1 c
	<b>Juice<sup>3</sup> or Fruit or Vegetable</b>	½ c	½ c	¾ c
	<b>Meat or Meat Alternate</b>			
	Meat or Poultry or Fish <sup>4</sup> or Alternate Protein Product <sup>5</sup>	½ oz	½ oz	1 oz
	Cheese or Egg (large) or	½ oz	½ oz	1 oz
	Cooked Dry Beans or Dry Peas or Peanut Butter or other Nut/Seed Butters or	½ oz	½ oz	1 oz
	Nut and/or Seeds or Yogurt—Plain or Sweetened/ Flavored	¼ c	¼ c	½ c
<b>Grains/Breads<sup>2</sup></b> Cold Dry Cereal	½ serving ¼ c or ½ oz	½ serving ⅓ c or ½ oz	1 serving ¾ c or 1 oz	
<b>Lunch/Supper</b>	<b>Fluid Milk<sup>1</sup></b>	½ c	¾ c	1 c
	<b>Meat or Meat Alternate</b>			
	Meat or Poultry or Fish <sup>4</sup> or Alternate Protein Product <sup>5</sup>	1 oz	1½ oz	2 oz
	Cheese or Egg (large) or	1 oz	1½ oz	2 oz
	Cooked Dry Beans or Dry Peas or Peanut Butter or other Nut/Seed Butters or	½	¾	1
	Nut and/or Seeds <sup>6</sup> or Yogurt—Plain or Sweetened/ Flavored	¼ c	⅓ c	½ c
<b>Vegetables and/or Fruits<sup>7</sup> (2 or more)</b>	¼ c total	½ c total	¾ c total	
<b>Grains/Breads<sup>2</sup></b> Cold Dry Cereal	½ serving ¼ c or ½ oz	½ serving ⅓ c or ½ oz	1 serving ¾ c or 1 oz	

<sup>1</sup> Children **two years and older** must be offered fat-free (skim) or low-fat (1%) fluid milk. Serving whole milk to children between the ages of 1 and 2 years is recommended. (12 months through 23 months).

<sup>2</sup> Refer to the Grains/Breads Chart.

<sup>3</sup> Juice may not be served when milk is served as the only other component.

<sup>4</sup> Edible portions as served.

<sup>5</sup> 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

▪ Contain at least 18 percent protein by weight when fully hydrated or formulated.

<sup>6</sup> Nuts or seeds may not constitute more than 50 percent of the requirement. Instead, 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 cooked lean meat, poultry, or fish.

<sup>7</sup> Full-strength vegetable or fruit juice may be counted to meet not more than one-half of the requirements.

<sup>8</sup> For a period of one month, while a 12-month-old child is weaning from infant formula to cow's milk; one or both beverages may be served to claim the meal for reimbursement. A child receiving infant formula and not in the weaning stage must have a signed *Medical Exception Statement for Food Substitution* on file in order for meals to be claimed for reimbursement. Also, expressed breast milk can continue to be offered to a child over one year of age in place of cow's milk, since it is an alternate type of milk.

In accordance with Federal law and United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

September 2011