

Physician Statement for Meal Accommodations

Child's Name	Date of Birth	Date
Child Care Facility Name	Address (Street, City, State, Zip Code)	

Dear Parent/Guardian:

This facility participates in a federally funded Child Nutrition Program. Any meals, milk and snacks served must meet program requirements. Facilities have the option to make meal accommodations that meet meal pattern requirements due to a **preference**. To get credit for foods that are **NOT** normally allowed/creditable, a child's doctor* must document a physical or mental impairment which limits a major life activity, such as eating, or a major bodily function, such as the digestive, bowel, or immune system. Facilities are required to make reasonable accommodations for children **with disabilities** supported by a Physician's Statement. If you are requesting a meal accommodation or substitution, please ask your child's physician* to complete and sign this form. If you have any questions, please contact Day Care Resources at (309)-925-2274.

Physician Statement

1. This accommodation is being requested on the basis of a:

a. **Preference**

Reason for request: _____

b. **Physical OR** mental impairment **OR** disability according to ADA Amendments of 2008

List the impairment or disability: _____

How does this physical or mental impairment restrict the child's diet? _____

2. What accommodations are being requested? (*Attach additional sheet if needed.*)

a. Variation from the meal pattern (*must include foods to be omitted and foods to be substituted; you may attach a menu.*)

Please serve _____

instead of _____

b. Change in how meals are prepared (*ex. pureed foods, low sodium, timing of meals, etc*): _____

3. _____

Date

Signature of Physician*

Printed Name

4. _____

Date

Signature of Parent/Guardian

Printed Name

FOR DAY CARE RESOURCES USE ONLY:

Form received on: _____.

Form incomplete. Contacted _____ on _____.

Form complete. Accommodation will not be made No impairment identified Request not reasonable

Form complete. Form effective starting: _____.

Date

Day Care Resources Staff Signature