



Special Diet Statement for Infants

The infant named below is a participant in the Child and Adult Care Food Program (CACFP). His/her child care provider is required to serve the infant according to the minimum requirements of the CACFP. Substitutions may be made if individual participating children are unable, because of medical or other special dietary needs, to consume such foods. A recognized medical authority shall authorize such substitutions, i.e., a physician, nurse practitioner, physician's assistant or a registered dietitian. The recognized medical authority should specify in writing the food(s) to be omitted from the infant's diet and the food(s) that may be substituted for the meal component. If the substitution is for an extended length of time, medical orders for such substitution should be revised on a semi-annual basis.

Today's Date: _____ Substitution Effective Through: _____

Infant's Name: _____ Age: _____

Provider/Center's Name: _____

In order to allow the substitution of a food in the infant meal pattern, check the appropriate statement below and include recommended alternate food(s).

_____ Non-iron-fortified infant formula substituted for iron-fortified infant formula for infants less than 12 months. List recommended alternative food(s):

Note: *Infants under one year do not require a special diet statement if served soybean based formula.*

_____ Iron-fortified infant cereal (IFIC) has been eliminated from infant's diet (ages 8-12months). List recommended alternative food(s):

_____ Infant approved to be served (circle one of the following):

Whole Milk 2% Milk 1% Milk Skim Milk

_____ Milk allergy. List special instructions, if any. List recommended alternatives:

_____ Other. Give brief explanation. List recommended alternative food(s):

Signature of Recognized Medical Authority: _____