Iowa Child and Adult Care Food Program
ALLERGY/FOOD EXCEPTION STATEMENT

Rev 6/2012

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/adult's meals that meet USDA requirements. If an infant, child or adult 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 to the CACFP meal pattern and signed the statement.

Please complete this form and return to: _____
(Name of center)

Participant's Name: _____ Birth Date: _____

Parent/Caregiver/Guardian's Name: _____

Signature: _____ Date: _____
(For permission to release information to the center)

1) Disability: Does the participant have a disability? ❑ Yes ❑ No If yes, a medical doctor (MD) or doctor of osteopathic medicine (DO) must sign this form. If the participant is not disabled the form may be signed by any of the recognized medical authorities listed below.	
If yes, describe the major life activity or activities affected by the disability:	
2) Special Dietary/Feeding Needs: Does the participant have a food allergy or intolerance? ❑ Yes ❑ 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 participant:	

Date for a recheck or re-evaluation: _____

Medical authority: _____ _____
Name (Print or Type) Title

[A recognized medical authority is 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 Medical Authority Date