

# Child & Adult Care Food Program

## MEAL SUBSTITUTIONS

For Allergies or Intolerances

To be valid, this form must be completed by a recognized medical authority which is defined as one of the following health care professionals:

1. A physician, either a M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathy).
2. A licensed physician's assistant who is licensed to a physician and has prescriptive authority. Prescriptions shall be signed and dated.
3. An advanced licensed registered nurse practitioner (ARNP) who has prescriptive authority. Prescriptions shall be signed by the prescriber with the initials ARNP and the prescriber's identification number assigned by the board.

Name of Child: \_\_\_\_\_

1. Is the child's diet restricted by medical or other dietary needs? \_\_\_\_\_ yes \_\_\_\_\_ no

2. What food or foods are to be omitted from the child's diet?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What foods may be substituted to meet the child's dietary needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named child is in need of special dietary substitutions.

\_\_\_\_\_  
(Signature of Recognized Medical Authority)

\_\_\_\_\_  
(Date)

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The following person has been designated to handle inquiries regarding the non-discrimination policies at the Kansas Department of Education: KSDE General Counsel, 120 SE 10th Avenue, Topeka, KS, 66612, (785) 296-3204.