

Medical & Religious/Cultural Food Restrictions — Infants

Infant's Name \_\_\_\_\_

Infant's Date of Birth \_\_\_\_\_ Infant's Age \_\_\_\_\_

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian Phone Number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Today's Date \_\_\_\_\_ Special Diet Effective Through \_\_\_\_\_

In order to make substitutions for foods required in the CACFP/*Delacare* infant meal pattern, the following information must be provided by a licensed medical professional. The medical professional must note, in writing, a list of the foods acceptable as substitutions.

Please check the statement below which describes your infant's dietary restriction and list the foods that may be substituted.

\_\_\_\_ No iron-fortified formula. Please check the desired substitution.

Non iron-fortified formula

Other \_\_\_\_\_

\_\_\_\_ No iron-fortified infant cereal.

Please list cereals or foods which may be substituted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Other restriction (please list) \_\_\_\_\_

Please list foods which may be substituted:

\_\_\_\_\_

\_\_\_\_\_

Medical Professional Name (please print): \_\_\_\_\_

Medical Professional Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_