

# MDC CHILD CARE FOOD PROGRAM

721 S Fawcett Suite 201 Tacoma WA 98402 (253)284-7865 Fax (253)593-2400

Toll Free 1-800-843-9317

Dear \_\_\_\_\_,

The following child is a patient of yours:

\_\_\_\_\_  
CHILD'S NAME

This child is participating in the USDA Child and Adult Care Food Program, a Federal Nutrition Program for children in day care. This child has allergies or specific dietary needs that the childcare provider would like to comply with.

When participating in the CACFP, providers must list what foods the children eat. A provider with a special dietary needs child is required by USDA to have, in writing, specifically what the child can not eat and what foods will be substituted to replace a required food.

Please complete the following form and submit to:

MDC Child Care Food Program  
721 S Fawcett Suite 203  
Tacoma, WA 98402

Thank you for your assistance.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Address

**THIS PROGRAM IS A PROJECT OF THE METROPOLITAN DEVELOPMENT COUNCIL**

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PLEASE TYPE OR PRINT IN INK

## DOCTORS STATEMENT

CHILD'S NAME: \_\_\_\_\_

DAYCARE PROVIDER: \_\_\_\_\_

### DENIED FOOD

### SUBSTITUTE FOOD

MILK: \_\_\_\_\_

\_\_\_\_\_

MEAT/MEAT ALT: \_\_\_\_\_

\_\_\_\_\_

FRUIT/VEG: \_\_\_\_\_

\_\_\_\_\_

BREAD/GRAIN: \_\_\_\_\_

\_\_\_\_\_

MEDICAL AUTHORITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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MEDICAL AUTHORITY SIGNATURE: \_\_\_\_\_