

CACFP MEDICAL STATEMENT

Child Nutrition Program, Inc
4530 Park Road Suite 110
Charlotte, N.C. 28209
704-375-3938

Please give this form to the parent or guardian of any child who needs a medical substitution for foods.

Please note that the form must be signed by a medical professional.

(PLEASE PRINT) PROVIDER NAME

(PLEASE PRINT) NAME OF CHILD

Child's condition:

Foods that must be omitted from the child's diet:

Foods that can be substituted:

Signature of medical professional

_____/_____/_____
Date

Provider: Please keep a copy of this document and send Child Nutrition the original.

This institution is an equal opportunity provider.