



Special Diet Statement for Infants

The infant named below is a participant in the Child and Adult Care Food Program (CACFP). His/her day care provider is required to serve the infant according to the minimum requirements of CACFT. Substitutions may be made if individual participating Children are unable, because of medical or other special dietary needs, to consume such foods. Such substitutions shall be authorized by a recognized medical authority, i.e., a physician, nurse practitioner, physician’s assistant or a registered dietitian. The recognized medical authority should specify in writing the food(s) to be omitted from the infant’s diet and the food(s) which may be substituted for the meal component. If the substitution is for an extended length of time, medical orders for such substitution should be revised on a semi-annual basis.

Name of Facility: College of Southern Idaho Head Start/ Early Head Start
Today’s Date: Substituion Effective Through:
Infant’s Name: Age:
Provider/Center’s Name:

In order to allow the substitution of a food in the pattern, check the appropriate statement below and include recommended alternate food(s):

Non-iron fortified formula substituted for iron-fortified infant formula for infants less than 12 months. List recommended alternative food(s):

Note: Infants under one year do not require a special diet statement if served soybean based formula.

Iron-fortified infant cereal (IFIC) has been eliminated from infant’s diet (ages 8-12 months). List recommended alternative food(s):

Infant approved to be served (circle one of the following): Whole milk 2% milk 1% milk Skim milk

Milk allergy. List Special instructions, if any:
List recommended alternatives:

Other. Give brief explanation and food to be omitted:

List recommended alternative food(s):

Recognized Medical Authority Signature Date

* A recognized medical authority is a physician, physician’s assistant, nurse or a registered dietitian.

Printed Name and Title:
Address:

Parent(s) Signature Date

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