			IAL DIET STAT		E
Child's N		completed by Health Ca Date of Birth	re Provider/Cleric as applica Dai		Form Updated 10 Apr 09
<u></u>	Mana				
Sponsor	Name				
Health C	are Provider/Clergy Name		Health Care Provider/Clerg	y Phone	
Food sub participal sign this CACFP I substituti	uth and School Services (CYS Services) programs particip postitutions may be made only when supported by a medical nt's diet and the food or choice of foods that may be substit form. Return the completed form to your CYS Services pro DOES NOT REQUIRE participating programs to provide foo ons are made. Army policy allows programs to provide spe	physician/health care profi uted to meet your child's n ogram or Central Enrollmer od substitutions for childrer ecial diet requirements for r	essional. The medical physic utritional requirements. Pleas at and Registration (CER) as a based on religious preference eligious reasons. In order for	ian must specify, in writing, the for se ask a medical physician/health applicable. ces but does allow such variation a r Army CYS Services programs to	od to be omitted from the care provider to complete and as long as appropriate
	vho request food substitutions for religious reasons are requ	uired to have a statement f	rom a representative of their i	religious institution on file.	
	check one:	quiros a spocial moal or a	commodation (for oxample)	(o a juvonilo diabotos, alloravito r	ocanute anonhulavie atc.) CVS
	Participant has a disability or a medical condition and requires a special meal or accommodation (for example: (e.g. juvenile diabetes, allergy to peanuts, anaphylaxis, etc.). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician (MD) or (DO) must sign this form.				
	Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form and cannot be accommodated in CYS Services programs CYS Services programs participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed health care provider must sign this form. Health care providers include a doctor of medicine (MD), osteopathic physician (DO), certified registered nurse practitioner (NP), or certified physician's assistant (PA). Participant is requesting a special diet due to the Family's religious beliefs.				
	List the food(s) to be on				
	*NOTE: Substitutions will be provide Foods to be Omitted			*Authorized Substi	
	Foods to be Omitted	Reaction (ii	applicable)	Authorized Substi	lutions if needed
	y additional instructions or requirements (i.e. Ep mental special diet plan and consultation with a				
	<u>NOTE: Allergic reactions the Allergy Medical Action Plan an</u> I certify that the above participant m	d this Special Diet S	statement must be sign	ned by a Health Care Prov	vider.
	Medical Physician Signature	and Stamp		YYYYMMDD)	
	5 6		Date	ן שטואוויז אוויזידע א	
This ch	's Statement for Religious Food Preferen ild may not consume the above listed food/s du nless otherwise indicated.		ous beliefs. Substitutio	ns will be provided as indic	ated on the reverse of this
		ove participant requires	special accommodations as	s indicated above.	
	Printed Name/Signature of Repre-	sentative of Religious Insti	ution	Date (YYYYMMDD)	
Paren	tal Notification/Consent				
	r to ensure that CYS staff working with children ted in the area where meals are served and the		ild's special diet require	ments, photographs of child	dren with special diets will
			ith this plan		
Parent P	rinted Name	Parent Signatur	e	Date (YYYYMMDD)	
APHN Pr	inted Name	APHN Signatur	5	Date (YYYYMMDD)	
Parent P	rinted Name (Annual Update #1)***	Parent Signatur	е	Date (YYYYMMDD)	
Parent P	rinted Name (Annual Update #2)***	Parent Signatur	е	Date (YYYYMMDD)	

*** Special diet forms can be updated annually by parent if no changes have occurred.

**MEDCOM Food Allergy	Essential Food Component Missing	**Food Substitutions
Apple Juice	Vitamin C, dietary fiber	100% orange, grape, grapefruit juices; juice blends
Beef	Protein	Pork, chicken, turkey, seafood, nuts seeds, beans, legumes, cheese, yogu soy based "meat" selections
Chicken/Turkey	Protein	Beef, port, seafood, nuts, seeds, bear legumes, cheese, yogurt, soy based "meat" selections
Dairy Product	Calcium	Soy products (cheese, yogurt)
Eggs	Protein	Cheese
Milk (Lactose Intolerant)	Calcium	Soy/Rice Milk and products/Lactose Free Milk
MSG	N/A	Garlic salt/powder, onion salt/powde Lawry's seasoned salt, all other singl spices
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple, grape, grapefruit juices; juice blends
Oatmeal	Dietary fiber, folic acid, carbohydrates	Corn, potato, soy, wheat and rice flou and arrowroot starch, cereal: corn flak rice crispies
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese
Pork	Protein	Beef, chicken, turkey, seafood, nuts seeds, beans, legumes, cheese, yogu tofu, soybeans, soy based "meat" selections
Seafood	Protein	Beef, chicken, turkey, nuts, seeds, beans, legumes, cheese, yogurt, so based "meat" selections
Soy Products	Protein	Beef, chicken, turkey, seafood, nuts seeds, beans, legumes, cheese, yogu pork
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plur melons
Tomatoes	Vitamin C	Apples, oranges, pears, peaches, plur melons
Tomato Products	Vitamin C	Apples, oranges, pears, peaches, plur melons
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oat, soy and rice flours a cereal made from these items and arrowroot starch