



Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law or registered dietitian must complete Parts 2 and 3 and sign this form. In the Florida CCFP, a licensed medical professional is a Physician, Physician's Assistant and Nurse Practitioner (ARNP). A Registered Dietitian (RD) may also complete and sign the form. The parent or guardian must complete Part 1.

PART 1: GENERAL INFORMATION - Completed by the parent/guardian

First and Last Name	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Telephone Number

PART 2: ACCOMODATIONS - Completed by a licensed medical professional

How does the participant's physical or mental impairment restrict their diet?	
What food(s)/type(s) of food must be omitted? Please be specific.	
If a "Cow's Milk"/Dairy allergy, can the child eat the following: 1. Milk/Dairy products in baked goods? Y or N 2. Milk/Dairy products like Mac & Cheese/Alfredo sauce? Y or N 3. Yogurt? Y or N 4. Cheese? Y or N	If Eggs/Whole Eggs are listed as an allergy but stated can be "cooked in", can the child eat the following: 1. Baked breads with egg ingredient? Y or N 2. French toast? Y or N 3. Foods with mayonnaise as an ingredient? Y or N
List food(s) to be substituted for omitted food(s). (Avoid specific brand names, if possible)	
Additional comments:	
Texture modification (Complete if needed):	
<input type="checkbox"/> Pureed	<input type="checkbox"/> Ground
<input type="checkbox"/> Bite-Size Pieces	<input type="checkbox"/> Other (specify)

PART 3: SIGNATURE - Completed by a licensed medical professional or registered dietitian

Licensed medical professional's name	Title: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner (ARNP) <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Dietitian (RD)
Signature of licensed medical professional or registered dietitian	Date signed
Medical office name and address	Phone number