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:		If Eggs/Whole Eggs are listed as an allergy but stated can be "cooked in", can the child eat the following:	
1. Milk/Dairy products in baked goods?	Y or N	1. Baked breads with egg ingredient?	Y or N
2. Milk/Dairy products like Mac & Cheese/Alfredo sauce?	Y or N	2. French toast?	Y or N
3. Yogurt?	Y or N	3. Foods with mayonnaise as an ingredient?	Y or N
4. Cheese?	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):

☐ Pureed	☐ Ground	☐ Bite-Size Pieces	☐ Other (specify)

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

Licensed medical professional's name	Title: ☐ Physician ☐ Nurse Practitioner (ARNP) ☐ Physician Assistant ☐ Registered Dietitian (RD)
Signature of licensed medical professional or registered dietitian	**Date signed**
Medical office name and address	**Phone number**

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