

# Head Start of Lane County Special Diet Request

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

ID#: \_\_\_\_\_ Parent Completing Form: \_\_\_\_\_

Head Start of Lane County is a participant in the Oregon Child and Adult Care Food Program (CACFP). We are required to serve meals and/or snacks according to federal regulations. If a child is unable to consume foods due to a special condition, it must be documented in writing by a recognized medical professional (*Licensed Physicians (MD), Physician's Assistants (PA), Registered Dietitians (RD), Nurse Practitioners (NP), Registered Nurses (RN), Naturopathic Physician (NP), Doctor of Osteopathy (DO), and Naturopathic Doctor of Osteopathy (NDO)*). The medical professional must specify, in writing, the foods to be omitted and foods to be substituted.

In order to fulfill your request for a special diet, we need detailed information about your child's dietary needs. Please list the foods that should be eliminated from your child's diet, the symptoms of illness that occur if child is exposed to those foods, and foods you suggest as a replacement.

Foods to be eliminated from diet	Symptoms of exposure	Suggested substitution

How old was your child when you began removing this food from their diet? .....

Do you check all nutrition labels in your home to assure that the child is not exposed to the food? .....  Yes  No

Has your child ever been to the emergency room because of a reaction to food? .....  Yes  No

Does your child have a prescription for an Epipen? (*Epinephrine injector*) .....  Yes  No

Has your child been diagnosed with any of these conditions: (*Check any*)

Lactose Intolerance       Celiac or Gluten Intolerance       Food Allergy

Has your child been evaluated by an allergist? .....  Yes  No

Please provide name and phone number of child's allergist:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that information regarding my child's food allergy and/or food substitution will be shared with Head Start of Lane County Health and Nutrition staff. I also understand that my child's name and special diet information will be posted in the classroom and kitchen area.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_