

921 Barksdale Road, Newark, DE 19711 Phone: 302-731-4925 Fax: 302-738-8441

**SPECIAL DIET – Infants**

Medical and Religious/Cultural Food Restrictions

Infant’s Name: Click here to enter text.

Today’s Date: Click here to enter text. Special Diet Effective Through: Click here to enter text.

In order to make substitutions for foods required in the CACFP/Delacare infant meal pattern, the following information must be provided by a licensed medical professional. The medical professional must note, in writing, a list of the foods acceptable as substitutions.

Please check the statement below which describes your infant’s dietary restriction and list the foods that may be substituted.

[ ] No iron-fortified formula. Please check the desired substitution.

 [ ] Non iron-fortified formula

 [ ] Other: Click here to enter text.

[ ] No iron-fortified infant cereal.

 Please list cereals or foods which may be substituted: Click here to enter text.

[ ] Other restrictions (please list): Click here to enter text.

Medical Professional Name (please print): Click here to enter text.

Medical Professional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.