

Medical Referral Form for Modified Meals

To be completed by parent/guardian. The Day Care Center must secure this information for children who require modified diets. A new Medical Referral Form must be collected **annually**.

Date _____

Child's Name _____ Birth Date _____

Special diet/modified meals requested _____

Note to Physician:

The day care center has been requested to serve this child modified meals in the Child Nutrition Programs. To ensure, that in so doing, the child's medical requirements are being met appropriately, we request that you complete this form.

Are there foods that should not be served to this child?

_____ Yes _____ No

If yes, list foods that should not be served:

If yes, also list suggestions for alternative foods that may be served to this child:

Additional Recommendations:

Signature of Physician _____ Date _____

Office Address _____ Phone _____