



# Medical Non-Disabling Statement - Child Care

## PART I – CHILD INFORMATION

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

The child identified above is medically certified as having a condition (**but not a disability**) that requires a special dietary accommodation.

**Meals requiring milk cannot be claimed for reimbursement if a child cannot have milk or an approved milk substitute, and has not been diagnosed with a disability that restricts the consumption of both milk and the approved milk substitutes.**

## PART 2 – TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

Identify the medical/special dietary condition that restricts the child's diet: \_\_\_\_\_

\_\_\_\_\_

Food(s) to be Omitted	Food(s) to be Substituted

Dietary accommodations are at the option and expense of the child care center.

## PART 3 – SIGNATURE OF RECOGNIZED MEDICAL AUTHORITY

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Recognized Medical Authority (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP)