Orange County Head Start, Inc.
Empowering Children & Families

FOOD SUBSTITUTION PHYSICIAN STATEMENT

Child's Name _____ **DOB** ___/___/___ **Center** _____ **Term**_____

Parent's Name _____ **Parent's Signature** _____
(Permission to release medical information)

Dear Doctor: This child participates in the Child Care Food Program, which provides USDA federal funding, to help provide nutritious meals. Children with food allergies and/or special diets are required by federal regulations to have this statement completed by their physician on file. Please check off all foods the child will need to omit **with its corresponding food substitutions** that will provide nutrients of comparable value.
All our **centers are nut, fish, and seafood-free**.

For questions, please call OCHS Nutrition Department at **(714)241-8920** or fax to (**714)632-3543**. Thank you.

Doctor to Complete

1. Medical condition requiring a special diet/accommodation: (food allergy or intolerance, diabetes, PKU, etc,)
_____

2. Reactions from food allergies: (check all the apply) ☐ Diarrhea ☐ Vomiting ☐ Hives/Rash ☐ Constipation ☐ Swelling ☐ Tingling Lips/Mouth ☐ Anaphylaxis ☐ Wheezing ☐ Eczema ☐ Other:_____

3. Is it life threatening? (check one) ☐ Yes ☐ No

4. Epi-Pen prescribed? (check one) ☐ Yes ☐ No

5. Other medication(s) prescribed: _____

Types	Foods To Omit	Approved Food Substitutions
Milk	☐ Milk Ingredient (Whey, Cream, Casein, Curds, etc.)	☐ All Milk-Free Ingredient
	☐ Yogurt ☐ Cheese	☐ Beef ☐ Poultry ☐ Beans
	☐ Fluid Milk	☐ Lactose-Free Milk ☐ Soy Milk ☐ Rice Milk ☐ Other: _____
Eggs	☐ Egg Ingredient Products (Ranch, Baked Goods, etc.)	☐ All Egg-Free Ingredient
	☐ Whole Egg Products (Hard Boiled, Mayonnaise, etc.)	☐ Beef ☐ Poultry ☐ Beans ☐ Cheese ☐ Yogurt
Wheat/ Gluten	☐ Whole Wheat Products	☐ All Wheat-Free Ingredient
	☐ All Gluten Products	☐ All Gluten-Free Ingredient
	☐ Oats ☐ Other: _____	☐ Oat-Free Ingredient ☐ Other: _____
Soy	☐ Soy Ingredients	☐ Soy-Free Ingredients
Protein	☐ Beef ☐ Chicken ☐ Turkey ☐ Pork ☐ Beans ☐ Fish/Seafood ☐ Other: _____	☐ Beef ☐ Poultry ☐ Beans/Legumes ☐ Cheese
Fruits	☐ Peaches ☐ Pineapple ☐ Bananas ☐ Oranges ☐ Pears ☐ Juices ☐ Other **Fruit**: _____	☐ All Other Fruits Approved **Fruit** Substitution:_____
Nuts	☐ Peanuts ☐ Tree Nuts (Walnuts, Almonds, etc.)	☐ All Other Protein
Other		

_____ _____ (_____)_____ _____
Physician's Printed Name **Physician's Signature** **Phone Number** **Date**

☐ **Allergy Resolved:** _____ **Date:** _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

Revised 03/2020