

January 31, 2012

Child: _____

Birthdate: _____

Dear Health Care Provider,

One of your patients is enrolled in our program. We have been advised that they may be allergic to certain food items.

We participate in the USDA Child and Adult Care Food Program and receive monies to help provide nutritious meals for enrolled children.

All meals served must meet program requirements and food substitutions are ineligible for reimbursement without a written medical authorization.

Please assist us by completing the bottom portion of this form, which indicates specific food(s) this child is allergic to and your recommendation for substitute food(s) that will provide nutrients of comparable value.

Thank you for your assistance with this procedure. If you have any questions, please call me at (360) 867-6060.

Sincerely,

Casey Lalonde
Center Director
Campus Children's Center
Phone (360) 867-6062
Fax (360) 867-6055

According to our information the child is allergic to the following foods:

Recommended substitute:

Provider Signature: _____ Date: _____