



Area Five Head Start  
 1801 Smith Street  
 Logansport, IN 46947  
 800-654-9421 or 574-722-4451  
 Fax: 574-722-3447

**Physician Documentation of Food Allergy**

Area Five Head Start participates in the Child and Adult Care Food Program (CACFP). We must have documentation from a physician or a recognized medical authority in order to modify our meals for children with special dietary needs.

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

Child has a food (please check a box):     allergy             intolerance

Indicate foods to omit from diet:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's reaction to food when eaten:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate what should be served instead:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: For lactose intolerance, CACFP recommends serving a milk substitute that is nutritionally equivalent to milk, such as lactose-free milk.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_