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 provide nutritious meals. Children with food allergies 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	**Needed for School?:** ☐ Yes ☐ No
5. Other prescribed medication(s): _____	**Needed for School?:** ☐ Yes ☐ No

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 5/2022