LIVONIA PUBLIC SCHOOLS
Livonia Early Childhood Center

Dear Parent/Guardian

The Livonia Early Childhood Center participates in the United States Department of Agriculture Child and Adult Care Food Program. Meals and snacks served must meet the Child and Adult Food Program requirements. Food substitutions may be made only when supported by a physician's statement **Please ask your physician to complete and sign the form below.** Return the completed form to the child care center. If you have any questions, please contact the Center office at (734) 744-2813.

Katie M. Dodge, Ph.D.
Principat of the Livonia
Earty Chitdhood Center

FOOD SUBSTITUION FORM
(Physician to Complete)

Child's Name:_____ Room No _____

1. **Medical/Special Dietary Restriction:** (Check the appropriate box or describe)

Food Allergy (please list)_____
Lactose Intolerance_____ Iron Intolerance_____ Obesity_____
Other (describe)_____
_____

2. **Foods(s) to be omitted:**

Iron-fortified infant cereal ____ Wheat products_____
Iron-fortified infant formula_____ Milk_____
Other (list) _____
_____

3. **Foods(s) to be substituted:**

Low iron infant formula_____ Vita-Mite_____
Rice products_____
Other (list)_____ _____
_____

Also, complete #4 and #5 if the child is handicapped:

4 Description of handicapping condition and indication that the handicap restricts the child's diet)_____
_____
_____

5. Description of major life activity affected by the handicapped condition_____
_____
_____

_____ _____ _____
Parent/Guardian Signature Physician's Signature Date

____ (Please initial here if no allergies/substitutions)