PART I – CHILD INFORMATION

Child’s Name: ____________________________________________________________

The child identified above is medically certified as having a condition (but not a disability) that requires a special dietary accommodation. Example: Non-disabling allergies or food intolerances. **Meals requiring milk cannot be claimed for reimbursement if a child cannot have milk or an approved milk substitute, and has not been diagnosed with a disability that restricts the consumption of both milk and the approved milk substitutes.**

PART 2 – TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

Identify the medical/special dietary condition that restricts the child’s diet: __________________________________________________________

<table>
<thead>
<tr>
<th>Food(s) to be Omitted</th>
<th>Food(s) to be Substituted</th>
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Dietary accommodations are at the option and expense of the provider.

PART 3 – SIGNATURE OF RECOGNIZED MEDICAL AUTHORITY

Clinic Name: __________________________________________ Phone: __________________________

Name of Medical Authority (please print): ______________________________________________________

Signature: ___________________________________________ Date: ____________________________

(Medical Authority)

PART 4 - DEFINITIONS

Recognized Medical Authorities: A physician, either a M.D. (Medical Doctor) or a D.O (Doctor of Osteopathy), physician’s assistant, advanced licensed registered nurse practitioner (ARNP), or naturopathic physician.

This institution is an equal opportunity provider.