

YMCA OF DELAWARE FOOD SUBSTITUTION FORM

* Items with an asterisk are mandatory

Legal First Name * MI Legal Last Name * FOOD SUBSTITUTION INFORMATION Many YMCA of Delaware programs participate in the Child and Adult Care Food Program (CACFP) and/or the Summer Food Service Program (SFSP). This program makes it possible for each child to receive meals and/or snacks during the time they are in our care. We recognize that some children have food altergies or religious/cultural food restrictions which may require substitution of certain food items. In order to effectively provide substitute options for your child, please have your child's medical provider complete the information below. FOOD ALLERGY/INTOLERANCE INFORMATION Does this child have a food altergy(ies)?* If yes, please circle all that apply: wheat peanuts tree nut milk fish eggs shellfish soy other:
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Please list recommended substitutions for foods listed above (when possible, substitute food items must be from the same food group): Must this food(s) be avoided in all forms and /or even in small amounts? Please describe the participant's typical allergic reaction: What actions should we take in the case of an allergic reaction? MEDICAL & RELIGIOUS/CULTURAL FOOD RESTRICTIONS Does this child have dietary restrictions (including those for medical, religious, cultural or other reasons)?
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f yes, what is the nature of the restriction (circle one)? Medical Religious/Cultural
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If yes, please list the restricted foods:
Please list substitutions for foods listed above (when possible, substitute food items must be from the same food group):
Must this food be avoided in all forms and/or even in small amounts?
MEDICAL PROVIDER CERTIFICATION (required for food allergies/intolerances)
Medical Professional Name (please print): Medical Professional Signature: Date:
PARENT ACKNOWLEDGEMENT