CYS SERVICES SPECIAL DIET STATEMENT (to be completed by Health Care Provider/Cleric as applicable) Form Updated 10 Apr 09					
	Date of Birth	e Provider/Cieric as ap	Date	Form Updated 10 Apr 09	
Sponsor Name					
			DI DI		
Health Care Provider/Clergy Name		Health Care Provider/C	Hergy Phone		
Child, Youth and School Services (CYS Services) programs participate in Food substitutions may be made only when supported by a medical physi participant's diet and the food or choice of foods that may be substituted to sign this form. Return the completed form to your CYS Services program CACFP DOES NOT REQUIRE participating programs to provide food substitutions are made. Army policy allows programs to provide special of patrons who request food substitutions for religious reasons are required.	ician/health care profe to meet your child's nu n or Central Enrollmen ostitutions for children diet requirements for re	essional. The medical ph utritional requirements. F t and Registration (CER) based on religious prefe eligious reasons. In orde	nysician must specify, in writing, the Please ask a medical physician/hea as applicable. Frences but does allow such variation or for Army CYS Services programs	e food to be omitted from the lth care provider to complete and on as long as appropriate	
Please check one:					
Participant has a disability or a medical condition and requires a special meal or accommodation (for example: (e.g. juvenile diabetes, allergy to peanuts, anaphylaxis, etc.). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician (MD) or (DO) must sign this form.					
Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form and cannot be accommodated in CYS Services programs CYS Services programs participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed health care provider must sign this form. Health care providers include a doctor of medicine (MD), osteopathic physician (DO), certified registered nurse practitioner (NP), or certified physician's assistant (PA).  Participant is requesting a special diet due to the Family's religious beliefs.					
List the food(s) to be omitted from the diet and the foods that may be substituted.  *NOTE: Substitutions will be provided as indicated on the reverse of this form unless otherwise specified.					
Foods to be Omitted	Reaction (if			stitutions if needed	
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List any additional instructions or requirements (i.e. Epi-pen intervention, special food preparation, etc.)Complex diet requirements may require a supplemental special diet plan and consultation with a dietician, i.e. gluten allergy, diabetes, etc					
NOTE: Allergic reactions that require treatment with prescribed medication will also require an Allergy Medical Action Plan and this Special Diet Statement must be signed by a Health Care Provider.  I certify that the above participant must be provided a special diet or requires special accommodations as indicated above.					
Medical Physician Signature and §	Stamp	Da	ate (YYYYMMDD)		
Cleric's Statement for Religious Food Preference					
This child may not consume the above listed food/s due to the family's religious beliefs. Substitutions will be provided as indicated on the reverse of this form unless otherwise indicated.  I certify that the above participant requires special accommodations as indicated above.					
Printed Name/Signature of Representative of Religious Institution  Date (YYYYMMDD)				D)	
Parental Notification/Consent In order to ensure that CYS staff working with children has knowledge of child's special diet requirements, photographs of children with special diets will be posted in the area where meals are served and the kitchen.  I agree with this plan					
Parent Printed Name	Parent Signature		Date (YYYYMMDD)		
APHN Printed Name	APHN Signature	)	Date (YYYYMMDD)		
Parent Printed Name (Annual Update #1)***	Parent Signature	•	Date (YYYYMMDD)		
Parent Printed Name (Annual Update #2)***	Parent Signature	9	Date (YYYYMMDD)		

<sup>\*\*\*</sup> Special diet forms can be updated annually by parent if no changes have occurred.

**MEDCOM Dietician approved food substitutions on this sheet.				
Food Allergy	Essential Food Component Missing	**Food Substitutions		
Apple Juice	Vitamin C, dietary fiber	100% orange, grape, grapefruit juices; no juice blends		
Beef	Protein	Pork, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections		
Chicken/Turkey	Protein	Beef, port, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections		
Dairy Product	Calcium	Soy products (cheese, yogurt)		
Eggs	Protein	Cheese		
Milk (Lactose Intolerant)	Calcium	Soy/Rice Milk and products/Lactose Free Milk		
MSG	N/A	Garlic salt/powder, onion salt/powder, Lawry's seasoned salt, all other single spices		
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple, grape, grapefruit juices; no juice blends		
Oatmeal	Dietary fiber, folic acid, carbohydrates	Corn, potato, soy, wheat and rice flours and arrowroot starch, cereal: corn flakes, rice crispies		
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese		
Pork	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, tofu, soybeans, soy based "meat" selections		
Seafood	Protein	Beef, chicken, turkey, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections		
Soy Products	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, pork		
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plums, melons		
Tomatoes	Vitamin C	Apples, oranges, pears, peaches, plums, melons		
Tomato Products	Vitamin C	Apples, oranges, pears, peaches, plums, melons		
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oat, soy and rice flours and cereal made from these items and arrowroot starch		

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