



Rota CYP Food Allergies/Intolerances/Restrictions

Navy Child and Youth Programs participate in the Child and Adult Care Food Program (CACFP) and must serve meals/snacks meeting the requirements. Per the Navy CYP Inclusion Operating Manual, food service can be changed to accommodate for diagnosed food allergies, diagnosed food intolerances and restrictions based on family preferences. For diagnosed food allergies and diagnosed food intolerances, the CYP program must provide the food substitution. For dietary restrictions based on family preferences, the family must provide the food substitution.

Child's Name:	DOB:	Date:
Parent Name:	Work Phone:	Home Phone:
Parent Signature:		
Please check one of the following:		
<input type="checkbox"/> Allergy: Participant has a disability or a medical condition and requires a special meal or accommodation. CYP programs participating in federal nutrition programs must comply with requests for special meals. A licensed Medical Provider must sign this form.		
<input type="checkbox"/> Intolerance: Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s). CYP programs participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed Medical Provider must sign this form.		
<input type="checkbox"/> Participant is requesting food restrictions due to the Family's Preference.		

Medical Provider – FOR ALLERGY or INTOLERANCE

*Food Allergies require additional paperwork

***Allergy / Intolerance** to the following foods: _____
(Circle One)

Medical Provider Signature and Stamp

Date:

Family Preference: For RESTRICTIONS

(*Meals/Snacks are not regularly served as a part of Youth Center programming)

Restriction to the following foods: _____

I agree to provide the following substitutions: _____

☐ I have received a copy of the CACFP Meal Pattern Chart and understand I must bring food prepared and ready to eat in sealed containers labeled with my child's name and dated. (**Required for CDC and SAC only** – CACFP regulations do not pertain to the Youth Center)

Parent Signature

Date

Date Processed Clerk Initials: _____ | Director Initials: _____