



Dietary Intake Form

For CACFP Meal Modification and Safety Planning

Dear Parent or Guardian,

Please complete this form so we can provide safe, appropriate meals for your child through the CACFP.

I. Child Information

Child's Name: _____

Date of Birth: _____ First Date of Service: _____

Center: _____ Room #: _____ Circle one: AM PM FD

II. Does your child have any of the following dietary needs?

Food allergy (causes a medical reaction such as hives, vomiting, etc.)

Food intolerance/sensitivity (causes discomfort such as upset stomach, gas, etc.)

Religious or cultural dietary restriction (vegetarian, halal, etc.)

Other

If "Other", please explain: _____

III. Fluid Milk Substitution - Does your child require a milk substitute?

No milk substitution needed

Lactose-free milk

Soy Milk

Other milk: _____
(Note: Needs a medication statement for all other milk substitution)

Reason for milk substitution (Circle one): Allergy Intolerance Other: _____



IV. Please select what food(s) should NOT be served to your child:

- | | | | | |
|--|---|--|---|-----------------------------------|
| <input type="checkbox"/> Beef* | <input type="checkbox"/> Chicken | <input type="checkbox"/> Pork* | <input type="checkbox"/> Seafood/Fish* | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Dairy (i.e. cheese) | <input type="checkbox"/> Dairy in baked items (i.e. waffle) | <input type="checkbox"/> Whole egg (i.e. scrambled eggs) | <input type="checkbox"/> Egg in baked items (i.e. waffle) | <input type="checkbox"/> Gelatin* |
| <input type="checkbox"/> Nuts* | <input type="checkbox"/> Seeds | <input type="checkbox"/> Sesame | <input type="checkbox"/> Soy | <input type="checkbox"/> Wheat |

*We do **NOT** serve beef, pork, gelatin, fish/seafood, or nuts at Kidango

If not listed above, please specify food to be omitted: _____

V. Parent/Guardian Acknowledgment

I certify the information on this dietary intake form is accurate and will update the center if my child's dietary needs change.

Print Name: _____

Signature: _____

Date: _____

Questions?

Please contact:

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