



North Carolina Department of Health and Human Services  
Division of Public Health Nutrition Services Branch  
Child and Adult Care Food Program (CACFP)  
**Medical Statement for Meal Modifications**



**Institution Name:** LMC Children Services

**Agreement Number:** 9133

*This document does not apply to meal modifications made for dietary preferences or religious reasons.*

The information collected below is required for CACFP participants with medical conditions (i.e., physical or mental impairments) requiring meal modifications. Reasonable modifications *must* be made to accommodate children and adults with medical conditions (e.g., diabetes, lactose intolerance, food allergy, etc.) restricting their diet. **Meals that do not meet CACFP meal pattern requirements must be supported by this medical statement or comparable documentation signed by a North Carolina (NC) licensed healthcare professional authorized to write prescriptions under state law.**

**Child/Adult Participant Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian Name (if applicable): \_\_\_\_\_

**CACFP Facility Information**

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_  
Facility Representative Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

***To be completed by licensed healthcare professional***

**Describe the Physical or Mental Impairment Restricting the Diet:**

*Examples: Sara is allergic to cow's milk and soy milk; Ben does not tolerate strawberries and they cause hives, itchy skin, gastrointestinal distress and diarrhea; Julian has a food allergy and cannot drink cow's milk.*

**Beverages and/or Foods to Omit:**

**Beverages and/or Foods to be Substituted:  
(strongly recommended)**

**Other Special Dietary Needs or Modifications Needed**

Textural modification, caloric modification, adaptive equipment or other modifications (describe, if applicable):

**Authorized Signature**

\_\_\_\_\_  
Name of Licensed Healthcare Professional

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reference:** [CACFP 17-09\(a\) Modifications to Accommodate Disabilities in the CACFP](#)

This institution is an equal opportunity provider.  
Medical statements are confidential and are securely maintained.