

**SUBJECT:** Food Allergies

**POLICY:** Medical documentation is required for children with food allergies, food intolerances and special needs.

**PROCEDURE:** Providers will inform CACFP staff of known allergies, food intolerances and special needs of children in their care; in addition, medical documentation will be required and will be maintained in the provider's file at SACCN.

The following form may be used to facilitate the process of obtaining medical documentation.

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**MEDICAL AUTHORIZATION OF ALLERGIES, FOOD INTOLERANCES AND  
OTHER SPECIAL NEEDS**

**CHILD'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**ALLERGY (S)/FOOD INTOLERANCES/SPECIAL NEEDS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please deliver or mail this form to the attention of :**

**CACFP  
Southern Adirondack Child Care Network  
88 Broad Street  
Glens Falls, NY 12801**

**Our fax number is: 518 812-0799  
Thank you for your attention to this matter.**