



Early Learning Essentials
SPECIAL MEAL PLAN



Child _____

Parent / Guardian _____

Birth Date _____

Phone # _____

Center and Classroom (if known) _____

For their own safety, any child who needs a Special Meal Plan or an Authorization to Administer Medication form will not be allowed to attend class until this form has been signed by a physician and returned to our Administrative Office.

To Physician: Please complete the following information for the above-named child.

Special Meal Plan is needed due to: (check all that apply)	
<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Disability (as indicated by a major bodily function impairment)
<input type="checkbox"/> Intolerance	<input type="checkbox"/> Religious or Personal Preference
* Due to CACFP meal service guidelines, we may not be able to accommodate all preferences. *	

Briefly describe the condition or major bodily function impairment including symptoms such as:

List food(s) that should be omitted from the child's diet and the food(s) that may be substituted:

Foods to Omit:

Foods to Substitute: (As a nut free facility we do not offer Almond milk as a substitute)

This condition is: (check one)
<input type="checkbox"/> Life-threatening and may require medication while at school (must complete Authorization to Administer Medication)
<input type="checkbox"/> Life-threatening and requires continuous supervision during meal service
<input type="checkbox"/> Managed by child with moderate supervision

Physician: I certify that the above named child requires this Special Meal Plan as described.

Physician's Name (Please Print)	Physician's Signature	Date	Phone Number
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Parent/Guardian: I will contact the Mountainland Head Start, Inc. Nutrition Services Coordinator if there are changes to this plan.

Parent or Guardian's Name (Please Print)	Parent or Guardian's Signature	Date
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FOR OFFICE USE ONLY: <input type="checkbox"/> NSC REVIEW & ENTRY _____ → <input type="checkbox"/> HS has reviewed and filed SMP → <input type="checkbox"/> Kitchen has a copy with cook and teacher's initials. Initial & Date

Teacher Initials _____

Cook Initials _____