Community Colleges of Spokane

Spokane County Head Start/ECEAP/Early Head Start

Administrative Office MS 1055 ■ 3939 N Freya St ■ Spokane WA 99217
509-533-4800 ■ FAX 509-533-4850

Dear Primary Care Provider:

A patient of yours is enrolled for care in our program. The USDA Child and Adult Care Food Program (CACFP) provides funding for the meals we serve. The parent has identified that his/her child has a non-disabling milk or dairy intolerance or allergy. Whenever substitutions are made to the regular CACFP meal pattern, child cares must have a medical statement signed by a recognized medical authority (RMA) certifying the allergy or intolerance.

Thank you for your help in this important matter.

Sincerely,

_____

Family Service Coordinator Date

HS/E/EHS Site _____

HEALTH PRACTITIONER INSTRUCTIONS

1. Please review all information.
2. Please complete middle section.
3. Return this completed form to Parent/guardian
4. or fax to _____

Thank you for your help!

FLUID MILK AND MEAT ALTERNATE COMPONENTS	PLEASE SELECT APPROPRIATE SUBSTITUTION
Milk	☐ CACFP Washington State approved milk substitute: soy beverage. ☐ Other substitute (please specify) _____
Cheese	☐ Soy cheese (may contain small amounts of milk.) ☐ Rice cheese (may contain small amounts of milk.) ☐ Vegan cheese.
Yogurt	☐ Soy yogurt (may contain small amounts of dairy.) ☐ Vegan yogurt.

Health care practitioner _____
PRINT OR TYPE NAME TITLE

Signature of practitioner _____ Date_____

Parental Authorization for Release of Information

Parent/legal guardian (please print) _____

I hereby authorize: Head Start/ECEAP/EHS
AND
Primary Care Provider _____

To receive and disclose information regarding the food intolerance or allergy for:

Child's name _____

Parent's signature _____ Date_____

PARENT/GUARDIAN MAY REVOKE THIS AUTHORIZATION IN WRITING AT THEIR DISCRETION

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MILK ALLERGY/INTOLERANCE INFORMATION

The Washington State Department of Social and Health Services, Office of Child Care Policy Children's Administration requires written directions about the food we can and cannot serve children with dietary concerns. As a licensed child care program we are required to comply with these standards. Please help us comply and meet the health needs of your patient by completing this form.

USDA Child and Adult Care Food Program (CACFP) recommends that children receive a medical evaluation if food allergies are suspected. They require that other foods be substituted based on documentation from a recognized medical authority.

PLEASE RETURN THIS FORM TO

Spokane County Head Start/ECEAP/EHS

Attention _____

Address _____

Phone _____

Fax _____