# Middle River Baptist Church Child Development Center

## Food Information Form

| Child's Name: | Date of Birth: |
|---|---|

**PART A**

| Does your child require meal modifications or assistance based on medical or other dietary needs?<br>If ***NO***, please sign this form and return it to the CDC office.<br>If ***YES***, please complete PART B of this form and have it signed by your child's health care provider. | ☐ ***YES*** | ☐ ***NO*** |
|---|---|---|

**PART B**

| Medical Restrictions (food allergies or intolerances): | Other dietary restrictions (cultural or religious): |
|---|---|

List foods that need texture modification. If all foods need to be prepared in this manner, indicate "ALL."

| Chopped: | Finely Ground: | Pureed or Blended: |
|---|---|---|

| List any special utensils or equipment needed. Parents must supply adaptive equipment for feeding. |
|---|

| Indicate any other comments or concerns about your child's feeding/eating patterns. |
|---|

| Parents Name (Print): | Parent's Phone: |
|---|---|
| Parent's Signature: | Date: |
| Physician's Signature: | Phone: |
| | Date: |

*Distribution:*
Original – Child's File
Copy - Kitchen

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