

## Special Diet Authorization

My child \_\_\_\_\_ requires a special diet of

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due to medical reasons. I have provided the appropriate documentation from my physician stating:

1. The medical condition requiring special diet
2. The duration of the special diet
3. Instructions regarding Administration of the special diet

I agree to provide the special diet foods that are clearly labeled with my child's name, date and identity of the food. I understand I am responsible for the safety of the food brought into the center. All potentially hazardous and perishable foods shall be refrigerated immediately upon arrival. I understand the DCFS Licensing Standards 407.330 (f 1) (J 1 – 5) (K) and 407.210 (21) require this procedure. I authorize my child's name and special diet to be visibly posted in each classroom so that his/her special diet needs can be easily accessible for staff.

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Parent Signature

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Date

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Director's Signature ~  
Confirming appropriate medical  
documentation on file.

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Date