

Other medical personnel may complete this form (dietitian, speech pathologist, occupational therapist), but a physician must sign in agreement as to what is written. For purposes of this program, a 'recognized medical authority' means a licensed physician, nurse or physician's assistant.

Name of Participant	Age
Parent Name	Telephone

Agency/Site Wonder Years Child Care Center 515 W. Colorado St. Glendale CA 91204

Food/Allergy/Chronic Diseases

Diet Prescription and/or Texture Modification: *(Please describe in detail to ensure proper implementation and compliance.)*

Indicate texture: 0 Regular 0 Chopped 0 Ground 0 Pureed

Foods to be Omitted and Substitutions: *(Please list specific foods to be omitted and suggest substitutions. You may use the back of this form or attach a sheet with additional information.)*

Foods to be Omitted

Suggested Substitutions

Signature of Preparer	Printed Name	Telephone ()	Date
Signature of Recognized Medical Authority	Printed Name	Telephone ()	Date