

# Doña Ana County Head Start Diet Plan



Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Center: \_\_\_\_\_  AM  PM

Physician or Medical Authority: \_\_\_\_\_  
(Please Print)

Diet Prescription (Check all that apply.)

- Diabetic  Reduced Calorie  Food Allergy  
 Increased Calorie  Modified Texture  Food Intolerance  
 Other (Describe) \_\_\_\_\_

Foods Omitted:

Substitutions:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Textures Allowed (Check the allowed texture.)

- Regular  Chopped  Ground  Pureed

Other Information Regarding Diet or Feeding: \_\_\_\_\_

\_\_\_\_\_

Does this child have a disability?  NO  YES - If yes please described the life activities affected by disability:

\_\_\_\_\_

Medically Fragile Release

**I certify that the above named child needs special day care meals prepared as described above because of the child's disability or special needs.**

\_\_\_\_\_  
Physician or Medical Authority's Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Reviewed by Registered Dietician. Signature and Date

**ENTERED INTO CHILDPLUS**

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**DOÑA ANA COUNTY HEAD START**

**Medically Fragile Release**

New Mexico State University

Box 30001/ Dept. 3R

Las Cruces, NM 88003-8001

(575) 647-8733

*(Must be accompanied by an Authorization to Release)*

To: \_\_\_\_\_  
(Health Care Provider)

Re: \_\_\_\_\_  
(Child's Name & Date of Birth) (Parent's Name)

Center: \_\_\_\_\_ Date: \_\_\_\_\_

The following conditions require a Primary Care Provider's consent for a child to participate in the normal, daily activities of the Head Start Program:

- Food Allergies
- Need for Medication
- Medical Conditions  
(heart, blood disorders, seizures, etc.)
- Asthma
- Syndromes
- Disorders
- Other Please Explain:  
\_\_\_\_\_

Please indicate whether the child mentioned above will be able to participate in the Head Start Program.

- Child may participate in all activities;
- Child may participate in the program, with modifications (please provide any recommendations that would assist our direct service staff in implementing our Head Start preschool activities):  
\_\_\_\_\_  
\_\_\_\_\_

- Child will be unable to participate in the program (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Provider Date

<b>ENTERED INTO CHILDPUS</b>
BY: _____
DATE: _____

## FEEDING CHILDREN WITH SPECIAL DIETARY NEEDS

Many children with chronic medical conditions or disabilities have no special dietary needs, and can be served the same meals as other children participating in the Child and Adult Care Food Program. Some children may have special dietary needs and the CACFP Provider should make every reasonable effort to accommodate those with special dietary needs.

To provide a modified meal at child care, the Provider would need advance notice from the parent, which includes a written diet instruction that has the following information: a) the child's disability or chronic medical condition and why it restricts his/her diet; b) the major life activity affected by the child's disability; and, c) the food or foods to be omitted, appropriate food substitutions, and any required changes in the texture of foods. The diet instruction must be written by a physician or recognized medical authority. If the special dietary need is a result of a disability, the CACFP Provider must provide the special meals, as indicated by the medical authority. Providers should make reasonable accommodations for children who require special meals and may call the Bureau Nutritionists at 1-800-328-2665 for technical assistance in this area.

Some of the most common special diet orders for children are food allergies, food intolerance and diabetes.

**FOOD ALLERGY** is an abnormal response of the body's immune system to an otherwise harmless food. Usually, the response is to a protein in the food. Although any food may cause an allergic reaction, six foods are responsible for most of these reactions in children. These foods are peanuts, eggs, milk, tree nuts, soy and wheat. Many of the true food allergy symptoms often resemble reactions to other substances such as penicillin or bee stings. Symptoms might include respiratory or gastrointestinal problems, asthma, hives, eczema or difficulty breathing.

**FOOD INTOLERANCE** is an adverse food-induced reaction that does not involve the body's immune system. Lactose intolerance is one example of a food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When the person eats milk products, gas, bloating, and abdominal pain may occur.

**DIABETES** is a metabolic disorder in which the body is unable to use effectively the carbohydrate in the diet because the person does not produce enough insulin. Insulin is secreted by the pancreas and acts like a key to the body's cells so they can use carbohydrate which has been broken down to the simplest sugar, glucose. When insulin is not present, glucose stays in the blood because it cannot get to the cells to be used for energy. Children who are diabetic often must control the amount and kinds of carbohydrate foods they eat to control their blood sugar.

For more information about feeding children with special dietary needs, for referral assistance, or for assistance to obtain the required written documentation, please contact: New Mexico Department of Health, Maternal and Child Health Bureau, Children's Medical Services District Nutritionist: District 1 (Albuquerque), 897-5700 ext. 28; District 2 (Santa Fe), 827-3566 ext. 547; District 3 (Las Cruces) 528-5119, or District 4 (Tucumcari) 461-2656.

Revised January 2013