

Infant Formula Guide

Please note that this guide is not all inclusive and is subject to change if ingredients in the formulas change.

FORMULAS THAT DO NOT REQUIRE A DOCTOR OR PARENT'S NOTE



Similac Advance



Similac Sensitive



Similac Sensitive
For Spit-Ups



Enfamil Infant



Enfamil Gentlease



Enfamil A.R.



Enfamil
Supplementing



Gerber Good
Start

INFANT FORMULAS THAT REQUIRE A PARENT'S NOTE



Enfamil ProSobee
Soy-Based



Similac Isomil
Soy



Gerber Good
Start Soy

INFANT FORMULAS THAT REQUIRE A DOCTOR'S NOTE



Nurtamigen
LIPIL



Similac Expert
Care NeoSure



Similac Expert
Care Alimentum



Michigan Office
 139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823
 Telephone: (800) 234-3287 • FAX: (517) 332-5543

Illinois Office
 4415 W. Harrison St., Suite 535 • Hillside, IL 60162
 Telephone: (800) 284-5273 • FAX: (708) 391-8242
 Email: Centers@acdkids.org

www.acdkids.org

ASSOCIATION FOR CHILD DEVELOPMENT Physician Statement for Food Substitution

Child's Name	Age	Date
Center Name	Address (Street, City, State, Zip Code)	

Parent/Guardian:

This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact _____ at _____

Name

Telephone (Including Area Code)

1. Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (*Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?*)

No If no, go to Item 2 below.

Yes If yes, provide the following information and complete Items 3, 4, and 5 below.

- a. What is the disability?
- b. What major life activity is affected?
- c. How does the disability restrict the diet?

2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.

3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

5. _____
Date
Signature of Physician

6. _____
Date
Signature of Physician

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