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

- Nurramigen LIPIL
- Similac Expert Care NeoSure
- Similac Expert Care Alimentum
ASSOCIATION FOR CHILD DEVELOPMENT  
Physician Statement for Food Substitution

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Age</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Name</td>
<td>Address (Street, City, State, Zip Code)</td>
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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 [Name] at [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. 

6. 

Date ___________________________  
Signature of Physician ___________________________