



CHILD CARE DEVELOPMENT SERVICES  
PROMOTING HEALTHY HABITS TO LAST A LIFETIME

Child Care Development Services Inc.  
123 East Powell Blvd Suite 300  
Gresham OR 97030  
503-489-2509

### Medical Statement - for Accommodating Disabilities

Submit this form to: \_\_\_\_\_

Site/Provider Name: \_\_\_\_\_

#### Part I To be completed by Parent/Guardian or Sponsor

Name of Participant: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### Part II To be completed *only* by a State licensed health care professional who is authorized to write medical prescriptions under State law\*. Answer questions 1-3.

**1. Describe** the major life activity or major bodily function affected by the participant's physical or mental impairment that restricts the diet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Meal Accommodation Plan (Foods to omit or avoid):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Foods to be substituted and recommended alternatives (include modification and accommodation)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Health Care Professional\*:

Date

Sponsor's use: Accommodation made:

\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Medical Doctors of Medicine (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician's Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD)

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