

OHIO CHILD AND ADULT CARE FOOD PROGRAM
 Family Day Care
 Nutrition Release Form For Special Diet

Name of sponsoring agency: _____ Telephone _____

Child's name	Birthdate:
Parent's name	Phone:
Address:	City: Zip:

Food(s) restricted are:

Food(s) to be substituted for restricted ones are:

 Parent/Guardian Signature Date

 Physician Signature Date