

ALTERNATE NUTRITION AGREEMENT

If food or formula is to be supplied by the child's parents there shall be a written agreement of file at that home with a copy given to the parent. This form shall define the responsibilities of the parent and the family day care home in meeting the child's nutritional needs and shall be signed by the parent and the operator of the family day care home. (Minimum Standards for Pinellas County Family Day Care Homes VI B)

Young children are growing and the foods they eat is the material their bodies use to grow. The food a child eats affects his growth, energy, attitudes, intelligence and general health.

NAME OF CHILD _____

Indicate food allergies or special problems _____

I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs: (Mark **P** for Parent Provides or **C** for Caregiver Provides)

Breakfast

AM Snack

Lunch

PM Snack

Dinner

I agree to discuss any questions with might develop in the use of the Alternate Nutrition Agreement.

Date

Signature of Parent/Guardian

Date

Signature of Caregiver

MODIFIED DIET

Arrangements shall be made between the provider and parent for a child's modified diet when prescribed by a physician. The physician's order and a copy of the diet and sample meal plan for the modified diet shall be in the child's record. (Minimum Standards for Pinellas County Family Day Care Homes VI D)

If a child cannot follow the meal pattern requirements, the following must be on file in the Family Day Care Home.

CHILD'S NAME _____

DATE OF BIRTH _____

This child should be served _____

Instead of _____

Because _____

Signature of Medical Authority

Address

Signature of Caregiver

Address