



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FIELD ARTILLERY CENTER AND FORT SILL
FORT SILL, OKLAHOMA 73503

Date: _____

REPLY TO
ATTENTION OF

Directorate of Morale, Welfare, and Recreation,
Child and Youth Services

Dear Doctor:

The following child is your patient:

This child participates in the USDA Child Care Food Program which is federally funded to help children in child development centers and family child care homes receive nutritious meals. Federal regulations require that children with specific food allergies have a statement from their physician on file at their center or home provider.

On the reverse side of this letter, please specify food(s) this child is allergic to, and recommend substitute food(s) which provide nutrients, and send to:

Child and Youth Services
IMSW-SIL-MWC
PO Box 33313
Fort Sill, OK 73503-0313

Thank you for your assistance. We comply with all restrictions that may apply under the current privacy act regulation.

Sincerely,

Child and Youth Services

Parent's signature

Parent's name printed

Parent's address

PRIVACY ACT STATEMENT

Information requested is needed to comply with USDA procedures and regulations.
It ensures nutritional value of food offered to children allergic to certain foods.
Disclosure is voluntary; however, services may be denied if this information is not collected.

ALLERGY STATEMENT

Instructions: Please type or print in ink.

Child's Name	
Parent's Name	

Allergy Foods	Substitutes

Date: _____

Physician's Signature	
Physician's name (printed or identifying stamp)	
Physician's address	
Physician's telephone number	