

**Child and Adult Care Food Program
INFANT FORMULA/FOOD WAIVER NOTIFICATION**

NAME OF CHILD CARE CENTER/HOME	NAME OF INFANT	BIRTH DATE (MM/DD/YYYY)
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For Parent/Guardian of Infants Age Birth Through 11 Months

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

Instructions: The center/home **should** complete this section before giving to the parent/guardian.

This center/home will provide: Iron-fortified infant formula (list brand) _____;

Iron-fortified infant cereal (list type such as baby rice cereal) _____; and

Food appropriate for infants: Commercial baby food and/or
 Table food offered at the appropriate consistency for the development of the infant.

Instructions: The parent/guardian should answer the following question and mark one of the choices from each of the three sections below; then sign and date this form.

- What do you currently feed your infant?**
- Iron-fortified infant formula
 - Breast milk
 - Low-iron or another type of infant formula provided for medical reasons. I will receive a Physician's Statement for Food Substitutions.

The parent or guardian would like their infant to be fed the following while in care:

Section 1 – Infant Formula or Breast Milk

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.
- Choice 2:** I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk.
List brand/type: _____
If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.

Section 2 – Infant Cereal

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant cereal identified above. I will not bring infant cereal from home.
- Choice 2:** I understand that I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal.
List brand/type: _____
If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

Section 3 – Baby Food

- Choice 1:** I want my infant to receive the child care center-/home-provided baby food identified above. I will not bring baby food from home.
- Choice 2:** I understand that I am not required to bring baby food that I purchase or receive from WIC, however, I want to bring my own. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.

If I decide to change the selections I made above, I will complete another form.

Parent/Guardian Signature: _____ Date: _____

This institution is an equal opportunity provider.