

Infant Formula Choice Form

Center/Provider Name _____

Address _____

Dear Parent(s)

This center/provider offers _____ for infants in the Child and Adult Care Food Program. It is your choice whether or not to use this formula based on your preference and your infant's needs.

Please check one of the following choices:

_____ I will use the formula offered by this facility. I give my permission for the formula to be mixed for my infant by the facility staff. I understand that I must provide sufficient sanitized bottles each day for my child's use. The bottles must be labeled with my child's name/date and be taken home daily.

_____ I will not use the formula offered by the facility.
If not, what formula will you send with for your infant? _____
If the formula supplied is a specialty formula, a medical statement will be requested.

_____ I will provide breast milk for my infant.

_____ My infant is four (4) months old or older and developmentally ready for baby food. I would like this facility to provide the following baby food(s) for my infant, which are allowed under 7CFR 220.20(b)(2)(3)(4).*

Child' Name: _____

Child's Age/Date of Birth: _____

Parent Signature: _____ Date: _____

* Baby food provided by this facility must be in compliance with the infant meal pattern as required by 7CFR 220.20.