

PARENT/GUARDIAN'S FORM FOR DECLINING A PROVIDER'S INFANT FORMULA

All child care facilities (providers and centers) participating in the Child and Adult Care Food Program (CACFP) are required to offer at least one infant formula which meets the definition of infant formula according to federal guidelines, unless breast milk is being provided by the infant's mother. The provider or center has selected a formula that complies with the federal guidelines.

As a parent/guardian, you have chosen to decline the provider's or center's offered infant formula and will furnish a formula that meets the CACFP requirements for iron fortification and nutritional content, unless your doctor has prescribed a special formula. **If your physician's prescribed formula does not meet the CACFP requirements, you will need to have him/her complete the attached form.** Return the original to your provider or center. Please complete the form below in order to allow your provider or center to receive CACFP meal reimbursement. (Provider: Please keep a copy in the child's file and forward the original to your CACFP sponsor.)

INFANT'S LAST NAME	INFANT'S FIRST NAME
NAME OF FORMULA OFFERED BY PROVIDER OR CENTER	
PARENT/GUARDIAN'S REASON FOR FORMULA SUBSTITUTION	
NAME OF FORMULA PROVIDED BY PARENT/GUARDIAN	IS THIS FORMULA IRON FORTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN'S SIGNATURE	DATE
PROVIDER/CENTER RESPONSE TO PARENT/GUARDIAN'S REQUEST	
PROVIDER/CENTER'S SIGNATURE	DATE