

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

\_\_\_\_\_  
(Name of Child Care Center/Home)

\_\_\_\_\_  
(Infant's Name)

\_\_\_\_\_  
(Birth Date)

**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 must 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 must 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 *Medical Exception 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**. 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 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**. 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 I am not required to bring baby food that I purchase, however, I want to **bring my own baby food**. 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 be required to complete another form.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.