

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

All child care facilities (providers or centers) participating in a Child Nutrition Program (CNP) are required to offer at least one infant formula which meets the definition of infant formula according to State and 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 or guardian, you have chosen to decline the provider's or center's offered formula and will furnish a formula that meets the CNP requirements for iron fortification and nutritional content, unless your doctor has prescribed a special formula. **If your doctor's prescribed formula does not meet the CNP requirements, you will need to have him/her complete the back of this form.** Return the original to your provider. Please complete the form below in order to allow your provider or center to receive CNP meal reimbursement.

|                       |  |
|-----------------------|--|
| <b>INFANT'S NAME:</b> |  |
|-----------------------|--|

|   |  |
|---|--|
| <b>NAME OF FORMULA OFFERED BY PROVIDER OR CENTER:</b> |  |
|---|--|

|   |  |
|---|--|
| <b>PARENT/GUARDIAN'S REASON FOR FORMULA SUBSTITUTION:</b> |  |
|   |  |
|   |  |
|   |  |

|  |  |
|--|--|
| <b>NAME OF FORMULA PROVIDED BY PARENT:</b> |  |
|--|--|

|  |            |           |
|--|------------|-----------|
| <b>IS THIS FORMULA IRON FORTIFIED?</b> | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

|  |  |
|--|--|
| <b>PROVIDER/CENTER'S RESPONSE TO PARENT'S REQUEST:</b> |  |
|  |  |
|  |  |
|  |  |

**PROVIDER'S/CENTER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**(Provider: please keep a copy in the child's file and forward the original to your CNP sponsor).**

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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dear Doctor:

The infant listed above is a participant in a Child Nutrition Program (CNP) which provides federal and state monies to help provide nutritious meals for children in child care centers and day care homes. Children with allergies/intolerances to foods or formulas, or whose doctors require them to be on foods or formulas which are not approved on the CNP, are required by federal regulation to have a statement from their physician on file with the child care provider or center and CNP sponsor.

The child care provider or center is offering the formula or food listed on the reverse. If this child cannot tolerate the offered formula, or has other food intolerances, please complete the information below recommending substitute formulas or foods. Please return the form to the parent.

Thank you for your assistance.

CNP Sponsor \_\_\_\_\_

Sincerely,

Address \_\_\_\_\_

Program Coordinator  
Child Care Food Program

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

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**DOCTOR: PLEASE TYPE OR PRINT IN BLACK INK**

ALLERGIC TO OR INTOLERANT OF: \_\_\_\_\_

SUBSTITUTE FOOD OR FORMULA: \_\_\_\_\_

PHYSICIAN'S NAME (PLEASE PRINT): \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## USDA INFANT MEAL PATTERN FOR CHILD NUTRITION PROGRAMS\*

|                                | <i>Birth<br/>through<br/>three months</i>  | <i>Ages four<br/>through<br/>seven months</i>   | <i>Ages eight<br/>through<br/>eleven months</i>   |
|--------------------------------|--|---|---|
| <b>BREAKFAST</b>               | <ul style="list-style-type: none"> <li>• 4 to 6 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> </ul> | <ul style="list-style-type: none"> <li>• 4 to 8 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> <li>• 0 to 3 Tbsp infant cereal<sup>4,5</sup></li> </ul>   | <ul style="list-style-type: none"> <li>• 6 to 8 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> <li>• 2 to 4 Tbsp infant cereal<sup>4</sup></li> <li>• 1 to 4 Tbsp fruit and/or vegetable</li> </ul>   |
| <b>LUNCH<br/>OR<br/>SUPPER</b> | <ul style="list-style-type: none"> <li>• 4 to 6 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> </ul> | <ul style="list-style-type: none"> <li>• 4 to 8 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> <li>• 0 to 3 Tbsp infant cereal<sup>4,5</sup></li> <li>• 0 to 3 Tbsp fruit and/or vegetable<sup>5</sup></li> </ul> | <ul style="list-style-type: none"> <li>• 6 to 8 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> <li>• 2 to 4 Tbsp infant cereal<sup>4</sup> <b>and/or</b><br/>1 to 4 Tbsp lean meat, fish, poultry, egg yolk, cooked dry beans or peas<br/><b>or</b> ½ to 2 oz cheese<br/><b>or</b> 1 to 4 oz (volume) cottage cheese <b>or</b> 1 to 4 oz (weight) cheese food or cheese spread</li> <li>• 1 to 4 Tbsp fruit and/or vegetable</li> </ul> |
| <b>AM OR PM<br/>SNACK</b>      | <ul style="list-style-type: none"> <li>• 4 to 6 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> </ul> | <ul style="list-style-type: none"> <li>• 4 to 6 fl oz breast milk<sup>1,2,3</sup> <b>or</b> formula<sup>1,4</sup></li> </ul>  | <ul style="list-style-type: none"> <li>• 2 to 4 fl oz breast milk<sup>1,2,3</sup>, formula<sup>1,4</sup>, <b>or</b> fruit juice<sup>6</sup></li> <li>• 0 to ½ slice of bread<sup>5,7</sup> <b>or</b> 0 to 2 crackers<sup>5,7</sup></li> </ul>   |

<sup>1</sup> Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.

<sup>2</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

<sup>3</sup> Only the infant's mother can provide breast milk.

<sup>4</sup> Infant formula and dry infant cereal must be iron fortified.

<sup>5</sup> A serving of this component is required only when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit juice must be full strength (100% juice) and offered from a cup, not a bottle, to prevent tooth decay.

<sup>7</sup> Must be made from whole grain or enriched meal or flour.

### \*Child and Adult Care Food Program

- **Child Care Center and Day Care Home Sponsors** may claim reimbursement for up to two meals and one snack **or** two snacks and one meal per infant per day.
- **Homeless Shelter Sponsors** may claim reimbursement for up to three meals **or** two meals and one snack per infant per day.

\***National School Lunch Program Sponsors** may claim reimbursement for one lunch meal per infant per day. One snack may be claimed per infant per day if the sponsor is enrolled in and the infant participates in an after school care program.

\***School Breakfast Program Sponsors** may claim reimbursement for one breakfast meal per infant per day.

\***Summer Food Service Program Sponsors** may claim reimbursement for up to two meals per infant per day at open or enrolled sites. The meals may consist of either one lunch and one breakfast **or** one lunch and one snack. Migrant sites may serve up to three meals per infant per day **or** two meals and one snack per infant per day.

(NSD 07/03)