

## PARENT'S FORM FOR DECLINING A PROVIDER'S INFANT FORMULA

**All Day Care Providers participating in the Child Care Food Program (CCFP) 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.** Your provider must select a formula which complies with the Federal guidelines. **See handbook for additional infant requirements.**

As a parent, you may choose to decline the provider's offered formula and provide a formula which meets the CCFP requirements for iron fortification and nutritional content (unless your doctor has prescribed a special formula). **If your doctor's prescribed formula does not meet CCFP requirements (low-iron fortified formula, or other special formulated formulas such as Nutramigen, Alimentum, etc), you are required to have him/her complete the back of this form.**

**If you choose to provide your infant's formula, please complete the form below to allow your provider to receive CCFP reimbursement. Return this original form to your day care provider.**

Child's Name	Age	Child Care Provider's Name	
Parent Name	Telephone (     )	Pro #	Telephone (     )
NAME OF FORMULA OFFERED BY PROVIDER: _____			
PARENT'S REASON FOR FORMULA SUBSTITUTION: _____ _____ _____			
NAME OF FORMULA PROVIDED BY PARENT: _____			
IS THIS FORMULA IRON-FORTIFIED?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
PARENT'S SIGNATURE _____ DATE _____			

PROVIDER'S RESPONSE TO PARENT'S REQUEST: _____ _____ _____
PROVIDER'S SIGNATURE _____ DATE _____
<i>(Provider: please keep a copy in the child's file and forward the original to Child Nutrition Program of Southern California.)</i>

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Child's Name	Age	Child Care Provider's Name	
Parent's Name	Telephone (      )	PRO #	Telephone (      )

Dear Doctor,

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

The child care provider is offering the formula 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 this form to the parent.

Thank you for your assistance.

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

**INFANT IS ALLERGIC OR INTOLERANT OF:** \_\_\_\_\_

**SUBSTITUTE FOODS OR FORMULAS:** \_\_\_\_\_

Signature of Physician	Printed Name	Telephone (      )	Date
	License Number		
	Address		