

INFANT AFFIDAVIT FORM

Name of Provider/Center _____

Childs Name: _____ DOB _____

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program I must offer to provide meals to all infants enrolled for care in my center/facility.

I will provide _____ and _____ to
Milk- based iron-fortified formula Iron fortified infant cereal

Infants enrolled for care in my facility.

Parents/Guardians, please check one of the following options and sign this form:

_____ I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized, and labeled bottles daily.

_____ I will provide _____ and
Milk- based Iron-fortified formula

_____ for my infant on a daily basis.

Iron-fortified cereal

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.