

Infant Formula Statement

Provider Name: _____ ID: _____

Childs Name: _____ DOB: _____

To meet CACFP requirements, I offer the following iron fortified infant formula to all infants in his/her care: _____
_____. You as the parent may choose to accept this formula or you may choose
to supply another type of iron fortified infant formula and/or breast milk until your infant's 1st birthday.

*Check any of the following options that apply

I accept the above named formula the provider supplies

I will supply the following iron-fortified infant formula for my infant:

Note: I understand that I will need to submit a Special Diet Statement if I supply a low-iron infant formula or
other special formula for my infant.

I will supply breast milk for my infant

Parent Signature: _____ Date: _____

Providers – send original formula statement to CCNI, keep a copy for your records and provide the parents
with a copy.