

Infant Formula Waiver/Breast Milk Feeding Plan

Maryland State Department of Education
Child and Adult Care Food Program

Food and Nutrition Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20855

MCPS Form 240-22
April 2010



Provider Name _____ Vendor # _____

Child's Name _____ Date of Birth ____/____/____

Dear Parent(s)/Legal Guardian(s):

This provider offers iron-fortified infant formula for all enrolled daycare infants at no additional charge. It is your option whether or not to use this formula based on your personal preference and your infant's needs. All formula that is provided to infants at this facility must be iron fortified as required by the Child and Adult Care Food Program.

Please check one of the following options:

- I will provide expressed breast milk for my infant. I understand that the breast milk I supply must be labeled with my child's name and the date the milk was expressed.
- I will use the infant formula offered by this facility.
- I will not use the infant formula offered by the facility. I will supply the following infant formula for my infant. _____
Name of Formula

I understand that I must supply sufficient infant formula each day to meet my child's needs. Bottles must be labeled with my child's name and be dated. Bottles must be taken home daily.

_____/____/____
Signature of Parent/Guardian *Date*

All food and beverages served to infants in this facility must be in compliance with the infant meal pattern required by the Child and Adult Care Food Program.

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