



Child Development Associates Nutrition Program

678 Third Avenue, Suite #206, Chula Vista, California 91910 (619) 427-4922

PARENT FORM FOR DECLINING A PROVIDER'S FORMULA

Dear Parent:

All Child care facilities (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. The provider has selected a formula which complies with the Federal guidelines.

As a parent, you have chosen to decline the provider's offered formula and will furnish 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 the CCFP requirements, for example, the formula is "low-iron", you will need to have him/her complete the back (or second page) of this form.

Return the original form to your provider. Please complete the information below in order to allow your provider to receive CCFP meal reimbursement.

Provider's Name	CDA #
Infant's Name and Date of Birth	
Formula Offered by Provider	
Parent's Reason for Formula Substitution	_____ _____
Name of Formula Provided By Parent:	_____
Is this Formula Iron-Fortified?	_____ Yes _____ No
Parent's Signature	Date:

Provider's Response to Parent Request	_____ _____ _____ _____
Provider's Signature	Date:

(Provider: please keep a copy in the child's file and forward the original to CDA's Nutrition Program)

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Date: _____

Dear Doctor:

Child Care Provider's Name:		
Child's Name:	Parent's Name:	
Parent's Address:		
City:	State:	Zip:

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 child care centers and family child 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 by the CCFP, (for example low-iron formula) are required by federal regulation to have a statement from their physicians on file with the child care provider and CCFP sponsor.

If the infant 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,

Sincerely,

Lorraine Bergendorf-Clark
Nutrition Program Manager

DOCTOR: PLEASE TYPE OR PRINT INFORMATION BELOW

Allergic To Or Intolerant Of:	
Substitute Foods or Formulas	

Physician's Name: (Please Print Clearly)	
Physician's Address:	
Physician's Signature:	Date: