

## PARENT'S/GUARDIAN'S FORM FOR DECLINING A PROVIDER'S FOOD

All child care facilities (providers or centers) participating in a Child Nutrition Program (CNP) are required to offer meals that contain solid food to infants from four through eleven months of age according to State and Federal guidelines (see attached infant meal pattern).

As a parent or guardian, you have chosen to decline the provider's or center's offer food and will furnish a food item or items which meet the CNP nutritional content requirements, unless your doctor has prescribed special food. Any food items provided by the parent or guardian must be in compliance with local health codes. **If your doctor's prescribed food item(s) does not meet the CNP requirements, you will need to have him/her complete the back of this form.** Return the original to your center or provider. Please complete the form below in order to allow your provider or center to receive CNP meal reimbursement.

<b>INFANT'S NAME:</b>	
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<b>NAME OF FOOD ITEM(S) OFFERED BY PROVIDER OR CENTER:</b>	

<b>PARENT/GUARDIAN'S REASON FOR FOOD SUBSTITUTION:</b>	

<b>FOOD ITEM(S) PARENT/GUARDIAN CHOOSES TO PROVIDE:</b>	

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>ADDITIONAL COMMENTS:</b>	

**PROVIDER/CENTER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(Provider: please keep a copy in the child's file and forward the original to your CNP sponsor).*

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dear Doctor:

The infant listed above is a participant in a Child Nutrition Program (CNP) which provides federal and state monies to help provide nutritious meals for children in child care centers and day 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 on the CNP, are required by federal regulation to have a statement from their physician on file with the child care provider or center and CNP sponsor.

The child care provider or center is offering the formula or food 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 the form to the parent.

Thank you for your assistance.

CNP Sponsor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Sincerely,

Program Coordinator  
Child Care Food Program

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**Doctor: Please type or print in black ink**

Allergic to or intolerant of: \_\_\_\_\_

\_\_\_\_\_

Substitute food or formula: \_\_\_\_\_

\_\_\_\_\_

Physician's name (Please print): \_\_\_\_\_

\_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_