

*This form is a sample and may
 be duplicated for your use.*

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 offered food and will furnish a food item or items which meets 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.

INFANT'S NAME: _____

**NAME OF FOOD ITEM(S) OFFERED
 BY PROVIDER OR CENTER:**

**PARENT/GUARDIAN'S REASON
 FOR FOOD SUBSTITUTION:**

**FOOD ITEM(S) PARENT/GUARDIAN
 CHOOSES TO PROVIDE:**

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

ADDITIONAL COMMENTS:

PROVIDER/CENTER'S SIGNATURE _____ **DATE** _____

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

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