

Maryland State Department of Education  
Child and Adult Care Food Program

**INFANT FORMULA/BREASTMILK MEAL PLAN**

Center/Provider Name: \_\_\_\_\_

Dear Parent(s)/Guardian(s):

This center/provider offers **ADVANTAGE** iron-fortified infant formula to all enrolled infants at no charge. It is your option whether or not to accept this formula. All formula provided to infants at this facility **must be iron-fortified** in accordance with Child and Adult Care Food Program regulations.

Check one of the following options:

\_\_\_\_\_ I accept the iron-fortified infant formula offered by this facility.

\_\_\_\_\_ I do **not** accept the iron-fortified infant formula offered by the facility. I will supply the following

iron-fortified infant formula for my infant: \_\_\_\_\_  
*name of formula*

\_\_\_\_\_ I will provide expressed breastmilk for my infant.

**I understand that I must supply sufficient iron-fortified infant formula or expressed breastmilk each day to meet my child's needs. Bottles must be labeled with my child's name, dated, and taken home daily.**

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**All food and beverages served to infants in this facility must be in compliance the Child and Adult Care Food Program meal pattern requirements.**