North Carolina Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program



Infant Feeding Consent Form

	insti	tution/Facility Name:
I will breastfeed my infant on-site and/or provide expressed breastmilk. The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your local Women, Infant, and Children (WIC) agency or visit www.zipmilk.org to find local breastfeeding resources. I will accept the iron-fortified formula provided by the institution/facility. The facility offers: I will accept the iron-fortified formula provided by the institution/facility. The facility offers: I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula. NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home I decline the iron-fortified formula provided by the institution/facility will provide my infant with the following formula: NOTE: I growiding formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested. Polease select one of the following: My infant is around 6 months of age and is developmentally ready to accept solid foods. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and Policy Memo 17-01. It is important to delay the introduction		TO BE COMPLETED BY THE PARENT/GUARDIAN
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Parent/Guardian Signature: Date:	Infar	nt's Name:Infant's Age:
	Pare	nt/Guardian Signature: Date:

NOTE TO PARENTS: When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

NOTE TO INSTITUTION/FACILITY: This document is required for all enrolled infants.