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**STATEMENT REGARDING INFANT FORMULA**

**ONLY FOR EARLY HEAD START**

Name of Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Infant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Each parent must choose one of the following options for his/her infant:

\_\_\_\_\_ 1. I accept the provider’s offer to supply **Enfamil or Enfamil Prosobee** and

 other meal components for my child

\_\_\_\_\_ 2. I will supply breast milk for my child. I accept the provider’s offer to

supply other meal components.

\_\_\_\_\_ 3. My child no longer uses infant formula, CEO can provide my child with whole milk and other meal components.

\_\_\_\_\_4. I decline the provider’s offer to supply (Enfamil or Enfamil Prosobee) formula for my child. I will supply the formula. I accept the provider’s offer to supply other meal components.

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Parent/Guardian Signature Date