

Infant Water and Food Consent

Child's Name: _____ Child's DOB: _____ Age Upon Enrollment (in months): _____

Center Name: _____ Center Water is Fluorinated: YES NO

Water will be provided by family for formula preparation: YES NO I understand that if I do not provide water, tap water will be used to prepare formula. Parent/Guardian Initials: _____ Date: _____

Please initial below next to all infant food items permitted to be given to your child. The child must have exposure to the item on three different occasions at home prior to receiving the item at the center to ensure there are no allergic reactions. Your initials below indicate that all denoted infant baby foods have been tried at home and there were no adverse reactions to your child.

| Infant Food Item | Parent/Guardian Initials | Date | Special Feeding Instructions |
|--------------------------------|--------------------------|------|------------------------------|
| Gerber Good Start | | | |
| Rice Cereal, Iron Fortified | | | |
| Oatmeal Cereal, Iron Fortified | | | |
| Applesauce | | | |
| Bananas | | | |
| Pears | | | |
| Peaches | | | |
| Prunes | | | |
| Squash | | | |
| Sweet Potatoes | | | |
| Carrots | | | |
| Peas | | | |
| Green Beans | | | |
| Bread, Wheat | | | |
| Bread, White | | | |
| Dinner Roll | | | |
| Saltines | | | |
| Graham Crackers, no honey | | | |

Families may provide homemade baby food up until the age of 12 months. All homemade baby food is to be provided to the center, daily, in an individually closed container, labeled with the child first and last name, food contents, and the date the food was prepared/provided to the center. Food will be refrigerated upon arrival to the center. Families providing homemade baby food must provide consent below.

Parent/Guardian Signature: _____ Date: _____

Families who wish to offer commercial snack foods (i.e. Puffs) to their infant, who is 8 months of age or older, must provide these items to the center and indicate the quantity and number of times per day to be offered on the Infant Personal Care Plan/Developmental History Form. Families providing commercial snack foods must provide their consent below to allow for the center to offer these items.

Parent/Guardian Signature: _____ Date: _____

Families who wish to offer table food to their infant, who is 8 months of age or older, will be provided with the center menus to circle food items that **may be** offered at meals and must sign and date this menu. Reminder, the program must meet meal pattern guidelines established by CACFP, consequently we may need to also offer items from the infant menu. These items can be reviewed on your infant's current menu. Families choosing to offer table foods before 12 months must provide consent below.

Parent/Guardian Signature: _____ Date: _____

Families who request that their infant have table foods before 8 months of age must provide the center with a signed statement from the child's physician stating that the infant may begin table foods and the specific foods and texture to be offered. Use of the center menu as stated above must occur but must be completed and signed by the physician when the infant is less than 8 months of age.