



Infant Formula Statement

I/We _____ (parent/guardian), authorize Hope Child Group Inc. program staff to bottle feed my/our child, _____ in the following manner:

_____ Ounces

_____ Times per day

Other (please specify) _____

Additional Instructions:

I/We will buy and provide the formula. The childcare provider will purchase formula, with written authorization from me/us, ONLY in the event of an emergency.

Parent's/ guardian Signature: _____

Date: _____

Signature of provider: _____

Date: _____