

TLC Child Care Center

2041 Reed Road, Fort Wayne, IN 46815
www.thelearningcommunityfw.com

260-424-8852
Fax: 260-424-8851

Infant Formula Requirements

Child's Name: _____ DOB ____/____/____

Formula child is to receive: _____
 ready-to-feed powdered

State medical reason for use of powdered formula: _____

Child may use generic equivalent: yes no

Physician's Name _____ Print

_____ Date

Physician's signature _____