

Permission Slip



Robin's Nest Child Care

13546 Travilah Road
North Potomac, MD 20878
Robin@RobinsNestChildCare.com

- _____ (Initial/date) I will provide expressed breast milk for my infant. Each package and/or bottle will be labeled with my child's name and the date the milk was expressed.
- _____ (Initial/date) I hereby give Robin's Nest Child Care, LLC. Permission to feed my child anything provided to the group.
- _____ (Initial/date) I give permission to feed my child ONLY what has been provided by the parent/guardian.
- _____ (Initial/date) I give permission to feed my child anything BUT
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- _____ (Initial/date) I give permission to feed my child only what I initial next to:
- _____ Breast Milk
 - _____ _____ Formula
 - _____ Rice Cereal
 - _____ Oatmeal Cereal
 - _____ Mixed Grain Cereal
 - _____ Any Baby Cereal
 - _____ Cheerios
 - _____ Apple Sauce
 - _____ Banana

 - _____ Any fruit from Robin's Nest
 - _____ Any vegetable from Robin's Nest
 - _____ Any cracker/bread/grain
 - _____ Any food that I bring in

Child's Name _____

Signature and Date _____