



Breastfeeding Waiver

Childs Name _____ Date of Birth ____/____/____

I, _____, allow Play4Hours to serve my child breastmilk that has been previously prepared and provided by me.

- All bottles will be kept in a secure refrigerator that is out of reach of other children.
- All bottles and leftover milk will be sent home with the child upon departure.

Please review and check all boxes before signing:

- I understand that the breast milk must already be in the bottle, and staff can only warm the milk before serving it to my child
- I understand that any breast milk bottles I provide must be labeled with:
 - Child's name
 - Date milk was expressed
 - Date brought to the center
- I understand that if the bottle is not properly labeled, Play4Hours staff cannot serve the bottle to my child.

Signature _____ Date ____/____/____