

# INFANT FEEDING INSTRUCTIONS

Std. 746.2421 (a)-(b)



*It is important to maintain schedules and routines consistent with each child's home environment. We ask that you please complete this form and provide the necessary information to meet your child's needs. You must review this form every 30 days until the child is no longer on formula.*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Formula: \_\_\_\_\_ Rice or Other Supplement: \_\_\_\_\_

Will you be providing breast milk?    YES    NO

Any Food or Drink Allergies: \_\_\_\_\_ Symptoms: \_\_\_\_\_

	Yes	No	Any Allergies or Special Instructions
Warm Bottle			
Warm Food			
Juice			
Table Food			
Self Feeder			
High Chair			
Spoon			

Feeding (bottle, meal, snack)	Time	Kind of Food or Drink	Amount

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_