

# INFANT FEEDING INSTRUCTIONS

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Feeding:  
 Type of Milk or Formula: \_\_\_\_\_ Bottle: Yes \_\_\_ No \_\_\_

Allergies: Yes \_\_\_ No \_\_\_  
 Explain: \_\_\_\_\_

Foods Introduced: \_\_\_\_\_  
 See Attached List.

Consistency: Puree \_\_\_\_\_ Junior \_\_\_\_\_ Table \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Method of Feeding: \_\_\_\_\_

Utensils used: Cup: \_\_\_\_\_ Fork: \_\_\_\_\_ Spoon: \_\_\_\_\_ Other: \_\_\_\_\_  
 Explain: \_\_\_\_\_

Feeding schedule and updates:						
Date	Time	Foods	Amount	Time	Foods	Amount

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

**Update as new foods are introduced or changes occur**

**Post in kitchen and activity area**

**Retain for 3 months**