



Infant Feeding Instructions

6 weeks – 12 months (updated monthly)

Child's Name:	Date of Birth:
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FEEDING	
Type of Milk or Formula:	Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
ALLERGIES	
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:
FOODS	
Introduced: See Attached "Foods List" on Back	
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table	
Food Likes:	Food Dislikes:
METHOD OF FEEDING	
Utensils Used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:	
Explain:	

Feeding Schedules and Updates:

Date	Time	Foods	Amount		Time	Foods	Amount

Comments:	
Date:	Parent/Guardian Signature:

Child's Name:

Foods and Dates Introduced at Home:

VEGETABLES					
FOOD	DATE	FOOD	DATE	FOOD	DATE
FRUITS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
MEATS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
MIXED FOODS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
CEREALS					
FOOD	DATE	FOOD	DATE	FOOD	DATE

Comments and Additional Information:

Date: _____ Parent/Guardian Signature: _____