

SAMPLE
FORM

Infant Feeding Schedule

| | |
|---|------------|
| Name of Child _____ | Date _____ |
| Date of Birth _____ | |
| Instructions | |
| 1. Food/Bottles Brought Daily (quantity): | |
| 2. Instructions for Feeding: | |
| A. Bottles (breast milk, formula, milk, juice) | |
| B. Food (baby food, cereal, table food) | |
| 3. I plan to nurse: (approximate time) <input type="checkbox"/> _____ | |
| _____ | |
| Parent Signature | |

| Changes in Schedule (Must be recorded as eating habits change) | | | |
|---|--------------------|-------------------|----------------------------|
| Food: | Date to Introduce: | New Instructions: | Parent or Staff Signature: |
| Milk | | | |
| Baby Food | | | |
| Juice | | | |
| Cereal | | | |
| Table Food | | | |

**Must be completed for all children less than 15 months old*