



### Infant Feeding Instructions

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Milk or Formula \_\_\_\_\_

How Many Ounces \_\_\_\_\_

How Often \_\_\_\_\_

Special Instructions

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Have Solid Foods Been Introduced? \_\_\_\_\_ YES \_\_\_\_\_ NO Date Introduced \_\_\_\_\_

Have Table Foods Been Introduced? \_\_\_\_\_ YES \_\_\_\_\_ NO Date Introduced \_\_\_\_\_

Any Known Allergies or Reactions? \_\_\_\_\_

Instructions for Solid Food Feeding (include times, amounts, types, and consistency)

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Monthly Updates:

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_