

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

FOODS LIST

Child's Name: _____

<u>Foods:</u>	<u>Date introduced at home:</u>	<u>Foods:</u>	<u>Date introduced at home:</u>
Vegetables:	_____	Meats:	_____
Peas	_____	Veal	_____
Green Beans	_____	Beef	_____
Squash	_____	Chicken	_____
Sweet Potatoes	_____	Lamb	_____
Carrots	_____	Turkey	_____
Potatoes	_____	Ham	_____
Creamed Corn	_____		
Creamed Spinach	_____		

Fruits:

Apple Sauce	_____
Bananas	_____
Peaches	_____
Pears	_____
Prunes	_____
Plums	_____
Apple Strawberry	_____
Banana Strawberry	_____
Raspberry Cobbler	_____
Banana Pineapple	_____
Tropical Fruit Blend	_____
Apricots	_____
Bananas w/Apples	_____
Prunes w/Apples	_____

Cereals:

Rice	_____
Oatmeal	_____
Banana	_____
Mixed	_____

Mixed Foods:

Veg/Ham	_____
Veg/Bacon	_____
Veg/Turkey	_____
Apples/Turkey	_____
Apples/Chicken	_____
Pears/Chicken	_____
Mixed Turkey	_____
Chicken Noodle	_____
Lasagna	_____
Spaghetti	_____
Veg/Pasta	_____

Additions not listed:

Comments and additional information: _____

Date: _____

Parent's Signature: _____

All feeding instructions must be retained for three months per R9-5-502C.3.c.