

INFANT FORMULA AND FEEDING SCHEDULE

Name of Child _____ Date _____
 Date of Birth _____

Instructions

1. Breast milk or Brand of Formula: _____
 Approximate Feeding Times: _____
 Maximum time between bottles: _____ Minimum: (if any) _____
 Approximate amounts: (ounces) _____

2. Instructions for feeding: _____

3. Other feeding information: (cereals, baby food, table food, juices, etc) _____

4. Food allergies or foods to avoid: _____

5. Follow Child and Adult Care Food Program guidelines and requirements:
 Yes No (circle one)

Parent Signature: _____ **Date:** _____

Changes in Schedule

Date	New Food	New Instructions	Parent Signature