
Child's Name

INFANT FEEDING INFORMATION AND SCHEDULE*

*Must be completed for children under the age of two (2) years

Please note the kind of formula, milk, juice, and/or solids that the infant normally uses and the average daily amount they consume

	Kind	Average Daily Amount
Formula		
Milk		
Juice		
Solids		

Please list the approximate times that the infant eats and what he normally eats at each designated time. Formula, milk, juice, solids, and the approximate amount (i.e. ounces)

Time	Formula, milk, juice, solids

Please list any special considerations, (i.e. food allergies)

Parents Signature

Date

Provider Signature

Date