

## INFANT FEEDING INSTRUCTIONS

Child's name:		Date of birth:	
<b>Feeding</b>			
Breastmilk, Type of Milk, or Formula:			Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do?			
<b>Allergies</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:		
Does child have any problems with feedings, such as choking or spitting up?			<input type="checkbox"/> No
<input type="checkbox"/> Yes – Explain:			
<b>Foods</b>			
Introduced: See Attached List on page 2.			
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table			
Food Likes:		Food Dislikes:	
<b>Method of Feeding:</b>			
Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:			
Explain:			

### Feeding Schedules 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.  
 All feeding instructions must be retained for 12 months (centers).