

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 _____ Thicker Consistency _____ Soft, chewable chunks _____

Food Likes: _____

Food Dislikes: _____

Method of Feeding: _____

Utensils used: Cup: _____ Fork: _____ Spoon: _____ Other: _____

Explain: _____

Feeding schedule and updates:

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: _____

Foods: Date introduced at home: Foods: Date introduced at home:

Vegetables:

Peas _____
Green Beans _____
Squash _____
Sweet Potatoes _____
Carrots _____
Potatoes _____
Creamed Corn _____
Creamed Spinach _____

Fruits:

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 _____

Meats:

Veal _____
Beef _____
Chicken _____
Lamb _____
Turkey _____
Ham _____

Mixed Foods:

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

Additions not listed:

Comments and additional information: _____

Date: _____ Parent's Signature: _____

Update as new foods are introduced or changes occur
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Retain for 3 months