



INFANT FEEDING SCHEDULE

NAME OF CHILD _____ START DATE _____
BIRTHDATE _____

LIQUIDS

TIME	JUICE	FORMULA/MILK	AMOUNT

SOLIDS

TIME	FOOD TYPE	AMOUNT	

The Caregiver may offer finger foods, over and above what I bring from above the following.

The Caregiver may offer other liquids, over and above what I bring from among the following.

Note:

Bottles must be kept refrigerated until used and then remaining milk/formula must be discarded after 3 hours.

Make sure that all bottles/ sippy cup of formula, milk, juice and food are clearly labeled with your child's name.

New feeding schedule is required when the child's intake changes or increases. Outdated feeding schedules will be kept on file. All food Allergies and food restrictions **must** be discussed with Consultant .Separate Allergy Alert form to be filled out if needed.

Signature of Parent

Date