



Infant Feeding Schedule

Name of Child _____

Date _____

Date of Birth _____

552-GRAD

General Instructions

1. Food/Bottles brought Daily: (quantity)

2. Instructions for Feeding:

A. Bottles (formula, milk, juice, water)

B. Food (cereal, baby food, table food)

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Introduce	Date	New Instructions	Parent Signature
Juice			
Cereal			
Baby food			
Milk			
Table food			
Food			

Form must be completed for all children less than 15 months old
Form must be posted