

Infant Feeding Plan (infants & toddlers)

****Please fill in all boxes/lines and update form as changes in feeding are made**

Child's Name _____ Date _____

Birthday _____ Teacher _____

Does the child take a bottle? Yes () No ()

Is the bottle warmed? Yes () No ()

Can the child hold own bottle? Yes () No ()

Can child feed self? Yes () No ()

Does child eat: Strained Foods () Whole Milk () Formula ()
 Baby foods () Table Food () Other ()

What type of formula is used? _____

Note: All bottles must be prepared at home. We can't mix powdered formula.

Amount of formula to be given _____

Updated amounts to be given _____ Date _____

_____ Date _____

_____ Date _____

Does child take a pacifier? _____ If so, When? _____

Food likes _____

Food dislikes _____

Allergies (including pre-mixed) _____

(Note: this line must be filled out)

Child's Schedule

Breakfast time _____
type & approximate amount

Lunch time _____
type & approximate amount

Dinner time _____
type & approximate amount

Morning Nap time _____ Afternoon Nap time _____

Instructions for the introduction of solid foods _____

*** As needed, please update regarding adding new foods and dietary restrictions.

Parent/Guardian Signature _____
