

Infant Feeding Plan

Child's Legal Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child take a bottle? Yes [ ] No [ ]  
Is the bottle warmed? Yes [ ] No [ ]  
Does the child hold on bottle? Yes [ ] No [ ]  
Can the child feed self? Yes [ ] No [ ]

Does the child eat: (check all that apply)

Strained foods [ ] Whole milk [ ]  
Baby foods [ ] Table foods [ ]  
Formula [ ] Other [ ]  
Breast Milk [ ]

What type of formula is used? \_\_\_\_\_

Amount of formula/breast milk to be given? \_\_\_\_\_

Updated amounts of formula/breast milk: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Does the child take a pacifier Yes [ ] No [ ] If yes, when? \_\_\_\_\_

\_\_\_\_\_

Food likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies? (include any premixed formula) \_\_\_\_\_

Instructions for the introduction of solid foods

\_\_\_\_\_

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

\_\_\_\_\_

For breastfed babies: For the benefit of you baby, please bottle train prior to their first day. It is helpful if you replace their mid-morning feed with a bottle of breast milk or formula beginning 2 weeks prior to their start date.

Parent's Signature \_\_\_\_\_