Infant/Toddler Feeding Instructions

CHILD'S NAME:				DOB:		
FEEDING						
Type of Milk or Fo	ormula:		Bottle: Yes □ No □		′es □ No □	
Allergies						
□ NO □ Yes - Explain						
Foods						
Consistency level: ☐ Puree (Gerber) ☐ Junior ☐ Table food (cut up small) [*School Provided]						
Cereal: Rice Oatmeal Mixed/ Other:						
Food Likes:			Food Dislikes:			
Method of Feeding for Solids:						
Utensils used: □ Cup □ Spoon □ Spork/Fork □ Other:						
Notes/Explain:						
Schedule						
Every	hours Oz:		□ Bottl		e □ Sippy	
Breakfast	Foods:		Amount:		□Bottle □ Sippy/Cup	
	☐ School provided ☐ Home provided			Ounces?		
AM Mid	Foods:		Amount:		□Bottle □ Sippy/Cup	
	☐ School provided ☐ Home provided				Ounces?	
Lunch	Foods:		Amount:		□Bottle □ Sippy/Cup	
	☐ School provided ☐ Home provided				Ounces?	
PM Mid	Foods:		Amount:		□Bottle □ Sippy/Cup	
	☐ School provided ☐ Home provided				Ounces?	
Date:	Parent's Signature:					
Date:	Parent's Signature:					
Date:	Parent's Signature:					

Infant/Toddler Feeding Instructions

Child's Name:					
Date:	Parent's Signature:				
Vegetables					
Types:		Date/Age Introduced:			
Fruits					
Types:		Date/Age Introduced:			
Meats					
Types:		Date/Age Introduced:			
Cereals					
Types:		Date/Age Introduced:			
Mixed Table Food					
Types:		Date/Age Introduced:			
COMMENTS OR SPE	CIAL REQUESTS:	•			