Infant Feeding Plan

(6 weeks - 12 months of age)

Child's Name _____ Date _____

Birthdate _____

Does your child take a bottle? Yes [ ] No [ ]

Is the bottle warmed? Yes [ ] No [ ]

Does your child hold their own bottle? Yes [ ] No [ ]

Type of formula used? _____

Amount of formula to be given: _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Does your child eat:

Strained foods	[ ]	Whole Milk	[ ]
Baby Foods	[ ]	Table Food	[ ]
Formula	[ ]	Other	[ ]

Food likes: _____

Food dislikes: _____

Allergies: _____

Can your child self-feed? Yes [ ] No [ ]

Does your child take a pacifier? Yes [ ] No [ ]

If so, when? _____

Daily Schedule:

Breakfast _____ (approximate time) _____ (type and approximate amount of food to serve)

Lunch _____ (approximate time) _____ (type and approximate amount of food to serve)

Dinner _____ (approximate time) _____ (type and approximate amount of food to serve)

Parent Guardian Signature _____

Please update new form as needed.