

# INFANTS 2-12 MONTHS FEEDING INSTRUCTIONS

To be completed every 30 days until your child is 12 months old.

(All bottles and food must be labeled with child's name)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Formula fed  Breast fed  Both (please circle one) Type of Formula \_\_\_\_\_

Warmed: Yes  NO  Ounces per bottle \_\_\_\_\_ How often does child take bottle (hrs) \_\_\_\_\_

Must wake to feed: Yes  No

Does your child eat table food? If yes, indicate type:

Cereal \_\_\_\_\_

Meats \_\_\_\_\_

Fruits \_\_\_\_\_

Vegetables \_\_\_\_\_

## Allergies?

Food \_\_\_\_\_

Skin \_\_\_\_\_ Other \_\_\_\_\_

Skin Care: Ointments (list specific brand) \_\_\_\_\_

Do you use powder when changing your child? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ if yes, when \_\_\_\_\_

## Sleeping Habit:

Does child sleep on back/side? \_\_\_\_\_

Usual nap schedule: a.m. \_\_\_\_\_

p.m. \_\_\_\_\_

## Child's Eating Schedule

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Special comments: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_