

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 _____