INFANT FEEDING SCHEDULE

To be updated at least monthly

Date of Completion: ________________

1) Child’s Name: ________________ 2) Date of Birth: _____________

3) Does your child have any known food allergies?

[ ] Yes  [ ] No

If Yes, please list the allergies and describe your child’s reaction(s) if exposed:
____________________________________________________________
____________________________________________________________
____________________________________________________________

4) Please check any/all that are applicable:

[ ] Formula  Name of Formula: ____________________________

[ ] Breast Milk

Amount (ounces) of formula or breast milk in each bottle: ____________ oz.

Updates to feeding amounts:

Date: ___________  Amount: ____________ oz.  Parent Initials: ___________

Date: ___________  Amount: ____________ oz.  Parent Initials: ___________

Date: ___________  Amount: ____________ oz.  Parent Initials: ___________

Date: ___________  Amount: ____________ oz.  Parent Initials: ___________

[ ] Baby Cereal(s) and/or Semi-Solid Foods: Please list the approved cereal(s) and/or semi-solid foods:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
Updated list of approved baby cereal(s) and/or semi-solid foods:

Date: ___________ Foods: ________________________________ Parent Initials: _______

Date: ___________ Foods: ________________________________ Parent Initials: _______

Date: ___________ Foods: ________________________________ Parent Initials: _______

5) If your child is permitted to eat solid foods, please review the attached menu. Circle the approved foods and note the date approval was given. If your child is eating solid foods, he/she will follow the meal/snack schedule of the Center.

6) **Parent(s)/Guardian(s) Suggested Feeding Schedule:**

<table>
<thead>
<tr>
<th>Approximate Time</th>
<th>Bottle/Food #1</th>
<th>Bottle/Food #2 (if applicable)</th>
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7) Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________________________

Parent/Guardian Signature                                          Date