



# INFANT FEEDING INSTRUCTIONS

## (UPDATE EVERY 30 DAYS)

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

CURRENTLY, MY CHILD IS ON THE FOLLOWING DIET:

BREAST MILK

FEED ON DEMAND

OUNCES \_\_\_\_\_ @ \_\_\_\_\_

FORMULA NAME: \_\_\_\_\_

FEED ON DEMAND

OUNCES \_\_\_\_\_ @ \_\_\_\_\_

BABY FOOD

FEED ON DEMAND

TIMES: \_\_\_\_\_

CEREAL

IN A BOTTLE

IN A BOWL W/ A SPOON

OTHER INSTRUCTIONS:

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_