

Infant Feeding Schedule and Parent Agreement for under 12 months

All bottles, cups, and utensils must be labeled with child's full name. Ready to feed milk, juice and breast milk must be pre-measured and labeled with child's full name and date of preparation. An additional prepared bottle must be provided in case of an emergency.

Infant/Child's Name: _____ Date of Birth: _____

Please initial below:

_____ I the parent/guardian will provide all formula, solid food, water and juice for my infant

_____ I give permission to warm milk in a bottle warmer

☐ Breast Milk (please provide 2 additional bottles)

☐ Formula

Breakfast	Please feed my child a _____ oz bottle/cup of at _____ am/pm. Please spoon feed my child _____ (amount) of the food provided at _____ am/pm. (Fruit and/or Vegetable)
Lunch	Please feed my child a _____ oz bottle/cup of at _____ am/pm. Please spoon feed my child _____ (amount) of the food provided at _____ am/pm.
Snack	Please feed my child a _____ oz bottle/cup of at _____ am/pm. Please give my child _____ of the snack provided at _____ am/pm.
	Please feed my child a _____ oz bottle/cup of at _____ am/pm. Please give my child _____ of the snack provided at _____ am/pm. (Fruit and/or Vegetable)
	Please feed my child a _____ oz bottle/cup of at _____ am/pm. Please give my child _____ of the snack provided at _____ am/pm. (Fruit and/or Vegetable)

List any special considerations (i.e. food allergies):

Parent's Name (Please Print) _____ Date: _____

Parent's Signature _____

Staff's Name _____

Staff's Signature _____