

# \_\_\_\_\_ 'S FIRST FOOD LOG

FOOD NAME: \_\_\_\_\_

BRAND NAME: \_\_\_\_\_

	FIRST TRY	SECOND TRY	THIRD TRY
DATE:			
TIME:			
AMOUNT:			
DESCRIPTION:			
CHILD'S REACTION:	<input type="checkbox"/> LOVE IT! <input type="checkbox"/> IT'S OK... <input type="checkbox"/> HATE IT!	<input type="checkbox"/> LOVE IT! <input type="checkbox"/> IT'S OK... <input type="checkbox"/> HATE IT!	<input type="checkbox"/> LOVE IT! <input type="checkbox"/> IT'S OK... <input type="checkbox"/> HATE IT!
ALLERGIC REACTION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PICTURE HERE

NOTES: \_\_\_\_\_

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