

**A CHILD'S WORLD**  
**Infant Feeding Plan**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Does this child take bottle?      Yes\_\_\_      No\_\_\_  
Is the bottle warmed?              Yes\_\_\_      No\_\_\_  
Does the child hold own bottle?    Yes\_\_\_      No\_\_\_  
Can the child feed self?            Yes\_\_\_      No\_\_\_

Does the child eat:

Strained Foods	___	Whole Milk	___
Baby Foods	___	Table Foods	___
Formula	___	Other	___

What type formula is used? \_\_\_\_\_

Amount of formula to be given \_\_\_\_\_

Updated amounts of formula	_____	Date	_____
	_____	Date	_____
	_____	Date	_____

Does your child use a pacifier?      Yes\_\_\_      No\_\_\_

If yes, when: \_\_\_\_\_

Food Likes \_\_\_\_\_

Food Dislikes \_\_\_\_\_

Allergies (include any premixed formula) \_\_\_\_\_

\_\_\_\_\_

**Infant's Schedule**

	<u>Time</u>	<u>Type and amount of food</u>
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____

**Infant Feeding Plan Page 2**

Instructions for the introduction of solid foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional/updated instructions regarding adding new foods or other dietary changes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian