



Infant Feeding Plan

Child's Legal Name _____ Date _____ Date of Birth _____

Does the child take a bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Does the child hold on bottle? Yes [] No []
Can the child feed self? Yes [] No []

Does the child eat: (check all that apply)

Strained foods [] Whole milk []
Baby foods [] Table foods []
Formula [] Other []
Breast Milk []

What type of formula is used? _____

Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____

Does the child take a pacifier Yes [] No [] If yes, when? _____

Food likes _____

Dislikes _____

Allergies? (include any premixed formula) _____

Instructions for the introduction of solid foods _____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

For breastfed babies: For the benefit of you baby, please bottle train prior to their first day. It is helpful if you replace their mid-morning feed with a bottle of breast milk or formula beginning 2 weeks prior to their start date.

Parent's Signature _____