



Infant feeding schedule

Name of child _____ date _____

DOB _____

General Instructions

1. Food/bottles brought daily: (quantity)

2. Instructions for feeding: (time)

a. Bottles (formula, milk, juice)

b. Food (cereal, baby food, table food)

3. I plan to nurse: (approximate time) _____

Parent Signature

Date

Change in schedule (must be recorded as eating habits change)

NEW FOOD

DATE

NEW INSTRUCCION

SIGNATURE

Juice

Cereal

Baby food

Milk

Table food