



Infant Formula and Feeding Schedule

Child Name _____

DOB _____

Formula and Feeding requirements:

_____ ounces of formula _____ every _____ hours.
(Name of Formula)

Please provide details regarding other feeding requirements as these options are introduced.

Cereal _____
(How much, how often)

Vegetables _____
(How much, how often)

Fruits _____
(How much, how often)

Snacks _____
(How much, how often)

Signature of Parent

Date

This form should be updated as infant grows and amounts change.

I, _____, mother/father/legal guardian, give
_____, permission to prepare formula for my child,
_____, as follows:

Signature of Parent

Date