



Bottle Feeding Instruction

I _____ (parent), authorize Hope Child Group Inc. program provider/staff to feed my infant child, _____ according to the following instructions:

Bottles prepared by:

- Parent
- Provider

Child will be fed:

- Breastmilk
- Formula
- Other (please specify) _____

Times and amounts to be fed:

Respectfully yours,

Hope Child Group Day Care

Parent's/ guardian Signature: _____

Date: _____

Signature of provider: _____

Date: _____