



Bottle Preparation Instructions

Child's Name: _____

Date of Birth: _____

Formula Instructions	Breast Milk Instructions
<p>Formula Name: _____</p> <p style="text-align: center;"><i>(Circle all options that apply)</i></p> <p>Water: Bottled Tap Other: _____</p> <p><i>Parent provides bottled water unless otherwise indicated</i></p> <p style="text-align: center;"><i>(Check all boxes that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Prior to preparing bottle, boil water on the stove. Turn the stove off. <input type="checkbox"/> Mix 1 (one) level scoop of formula for every 2 (two) ounces of water. <input type="checkbox"/> Place bottle in the previously boiled water. <input type="checkbox"/> Test the temperature before serving. <input type="checkbox"/> Milk may also be served at room temperature. <input type="checkbox"/> Milk may be warmed up by holding under running hot water. <input type="checkbox"/> Milk may also be warmed by using a bottle warmer. <p><i>Additional Instructions:</i> _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>(Choose one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Store milk in freezer <input type="checkbox"/> Store milk in fridge <hr/> <p style="text-align: center;"><i>(Check all boxes that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Breast milk will be provided frozen. Leave ½ hour before feeding to thaw. <input type="checkbox"/> Prior to preparing bottle, boil water on the stove. Turn the stove off. <input type="checkbox"/> Place milk pouch in the previously boiled water. <input type="checkbox"/> When warmed, pour the milk into the bottle. <input type="checkbox"/> Test the temperature before serving. <input type="checkbox"/> Milk may be warmed up by holding under running hot water. <input type="checkbox"/> Milk may also be warmed by using a bottle warmer. <p><i>Additional Instructions:</i> _____</p> <p>_____</p> <p>_____</p>

Feeding Schedule

As of the following indicated date(s) please feed my child his/her bottle according to the schedule I have indicated below. I understand that each time my child's feeding schedule or feeding amount changes that I must update the desired change and then date and initial below. **Only the most recently initialed instructions, for each MILK TYPE, will be followed.**

Date	Milk Type <i>(please circle)</i>	Ounces to prepare <i>(please circle)</i>	Frequency in Hours <i>(please circle)</i>	Parent's Initials
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	
	Breast milk Formula	2 3 4 5 6 7 8	1 2 3 4	

(Parent initial)

Although I have given the above feeding schedule, I give permission for Hope Child Group Inc. to vary from schedule, if, in their observation, it is in the best interest of my child. However, should the schedule vary, I request to be notified.

Parent's Signature: _____

Date: _____