



Infant Feeding Instructions

(Infant means a child up to 18 months of age)

Infant Child's Name: _____

Please check all that apply and return this form to the school on or before your child's first day of attendance. **All bottles must be pre made and labeled (unless noted below).**

My infant drinks breast milk

infant drinks formula

infant drinks both formula and breast milk

give permission for the provider to prepare the formula as per the package instructions or in the following manner:

infant drinks his/her formula at room temperature

infant drinks his/her formula slightly warmed up

infant is on table food or other individualized food items prepared in the following manner: _____

infant's feeding schedule is as follows: _____

I/we will update my infant's feeding instructions and schedule in writing as changes occur.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Provider Signature: _____

Date: _____