

Parent Instructions for Feeding Infants

Feeding Schedule for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

 Bottles

# ounces

 \_\_\_ every\_\_\_hrs. \_\_\_Formula\_\_\_\_\_\_\_\_

 \_\_\_ every\_\_\_hrs. \_\_\_Breast milk

 \_\_\_ every\_\_\_hrs \_\_\_Juice

 \_\_\_ every\_\_\_hrs. \_\_\_Water

 \_\_\_ every\_\_\_hrs. \_\_\_Other(specify)\_\_\_

 Food

\_\_\_cereal(name)\_\_\_\_\_\_ \_\_\_\_loose \_\_\_\_thick #tablespoons every \_\_\_\_hrs.

 mixed with \_\_\_formula \_\_\_\_\_milk

\_\_\_other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_cheerios \_\_\_crackers \_\_\_other(specify)\_\_\_\_\_\_\_\_\_\_

COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Note-please complete a new form each time there are changes