



**BLUFFTON  
CHILD DEVELOPMENT  
CENTER**

# WRITTEN INFANT FEEDING INSTRUCTIONS

CHILD'S NAME: \_\_\_\_\_

MILK: (CIRCLE)

FORMULA BRAND:  
NAME: \_\_\_\_\_

WHOLE    2%    OTHER: \_\_\_\_\_

HOW MUCH? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

MIXING  
INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TABLE FOODS: (CHECK)

- \_\_\_ FRUITS
- \_\_\_ MEAL ENTREES
- \_\_\_ VEGATABLES
- \_\_\_ CRACKERS
- \_\_\_ OTHER

JUICE  
(KINDS): \_\_\_\_\_

HOW MUCH? \_\_\_\_\_

BABY FOODS: (CHECK)

HOW OFTEN? \_\_\_\_\_

- \_\_\_ MEATS
- \_\_\_ FRUITS
- \_\_\_ CEREALS
- \_\_\_ JR. DINNERS
- \_\_\_ VEGATABLES
- \_\_\_ CRACKERS
- \_\_\_ OTHER

SPECIAL  
INSTRUCTIONS/LIMITATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW MUCH? \_\_\_\_\_

Date: \_\_\_\_\_ Parent Initials \_\_\_\_\_

Date: \_\_\_\_\_ Parent Initials \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

Date: \_\_\_\_\_ Parent Initials \_\_\_\_\_

Date: \_\_\_\_\_ Parent Initials \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_