

Formula/Feeding Information

Infants

(Form to be updated by parent as feeding needs change)

Name of Child _____ Date _____

Please check off appropriate line. Complete feeding amounts and times per day.

_____ My child uses formula.
Please offer the following amount at his/her time of feeding:

_____ ounces per feeding

_____ times per day

_____ additional ounces different from above

_____ times per day

_____ My child nurses while in school.

_____ Number of times mother will be in to nurse during the day.

_____ Parent Signature