



Infant Feeding Instructions

Student's name: _____ Date of Birth _____

Campus: South Austin ___ Round Rock ___

(This form must be completed every month, even if there aren't changes)

Feeding
Type of Milk or Formula: _____
Allergies
No _____ Yes _____ If so, What allergies does your child have? _____
How should we respond if he/she has an allergy reaction _____
Foods
Consistency: _____ Puree _____ Junior _____ Table
Please mark all new food that will be introduce to your infant within this month (List page 2)
Utensils used: _____ Fingers _____ Fork/Spoon _____ Cup _____ Other

Feeding Schedule and Updates (Please fill it out even if your child hasn't start solids yet)

TIME	FOOD	AMOUNT

Comments: _____ _____
Date: _____ Parent's Signature: _____



Student's name: _____ Date of Birth _____

VEGETABLES

FOOD	DATE INTRODUCED	FOOD	DATE INTRODUCED
PEAS			
AVOCADO			
CARROTS			
GREEN BEANS			

FRUITS

FOOD	DATE INTRODUCED	FOOD	DATE INTRODUCED
BANANAS			
APPLE SAUCE			
PEACH			
PEAR			

MEATS

FOOD	DATE INTRODUCED	FOOD	DATE INTRODUCED
BEEF			
CHICKEN			
TURKEY			

MIXED FOODS

FOOD	DATE INTRODUCED	FOOD	DATE INTRODUCED
VEGGIES/MEAT			
SPAGHETTI			
CHICKEN NOODLE			

CEREALS

FOOD	DATE INTRODUCED	FOOD	DATE INTRODUCED
RICE			
OATMEAL			

Comments: _____

Date: _____ Parent's Signature: _____