

Infant Feeding Plan

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Date Completed: _____

Please indicate the feeding plan for your infant:

Type of feeding (check all that apply):

☐ Breast Milk ☐ Formula ☐ Both

If Breast Milk:

- How will it be provided? (e.g., frozen, fresh): _____

- Frequency of feedings: _____

If Formula:

- Brand: _____

- Powdered or Ready-to-feed? _____

- Amount per feeding: _____

- Frequency of feedings: _____

Does your child require any special feeding instructions or techniques?

☐ Yes ☐ No

If yes, please explain: _____

Has your child started solid foods? ☐ Yes ☐ No

If yes, please list foods introduced: _____

I understand that it is my responsibility to provide updated feeding instructions if my child's routine

changes.

Parent/Guardian Signature: _____

Date: _____