

FEEDING PLAN

This form is to be completed and must be updated when your child's needs or food changes.

Child's Name: _____

Parent/Guardian Name: _____

KNOWN FOOD ALLERGIES: _____

IS MEDICATION REQUIRED: _____

FOOD ALLERGY INSTRUCTIONS: _____

<u>Formula/Milk</u>	<u>Ounces/cups</u>	<u>Brand (If applies)</u>
Formula		
Milk		
Milk -Other *No Almond/Cocoanut		
Juice		
Breast Milk		

Is your child's medical statement regarding foods on file? _____

Does your child eat solid food? _____

Can your child feed himself/herself: _____

What age will you begin to introduce food? (If applicable) _____

Food that your child prefers: _____

Food that your child dislikes: _____

What age to you plan to introduce: Cup _____ Spoon: _____ Fork: _____