

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

INFANT FEEDING SCHEDULE SAMPLE

Infant/Child's Name: _____ Date of Birth: _____

Parent's Name:

An individual form must be completed for all infants, ages 0 to 24 months.

Note the type of formula, milk, juice, and/or solids that the infant normally uses and the average daily amount they consume. This needs to be updated any time food is added to an infant's diet.

	Туре	Average Daily Amount
Formula:		
Milk:		
Juice:		
Solids:		

List the approximate times that the infant eats and what he normally eats at each designated time. Formula; Milk; Juice; Solids and the approximate amount (i.e. ounces):

Time:	Formula, Milk, Juices, Solids	

List any special considerations, (i.e. food allergies):