

Form 4

INFANT FEEDING PLAN

Child's name _____

Birth date _____

Breast fed or formula? _____

Type of formula (if applicable) _____

Does your infant eat solid foods? _____

If yes, what foods have already been introduced? _____

What plan do you have for introducing new foods? Please give details of what new foods you plan to introduce and when?

Parent's signature _____

Caregiver's signature _____