

# INFANT DIET INSTRUCTIONS

Your **little bug** Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

(must be completed monthly)

Time	Foods	Quantities	Preparation Instructions

- Should bottles of milk/formula be offered: Cold Warm Room Temp.
- Should solids such as meat, fruit, or vegetables be offered: Cold Warm Room Temp.
- Does your **little bug** take vitamins or iron supplements? Yes No
- If yes, please give schedule to be followed: \_\_\_\_\_
- Should **Ladybug** offer water? \_\_\_\_\_ Amount/when? \_\_\_\_\_

**Parent** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Above diet approved/modified by: \_\_\_\_\_

Modifications: \_\_\_\_\_

(Solid foods are not offered to infants younger than 4 months of age unless recommended by the child's health care provider.)