**Infant Feeding Schedule and Agreement**

(up to 18 months of age)

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate (check) what child is currently fed:**

**\_\_\_\_** Breast Milk Ounces per feeding \_\_\_\_\_

\_\_\_\_ Formula Ounces per feeding \_\_\_\_\_

 \_\_\_\_ Other explain other here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infant Feeding Schedule Instructions**

Child will be fed every: \_\_\_\_\_\_ Hours

**If applicable**, additional info about feeding schedule:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*\*Only if on formula, agreement section must be complete\*\***

**Infant Formula Agreement**

***Name of formula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Formula will be PROVIDED by: Formula will be PREPARED by:**

\_\_\_ Program \_\_\_ Program

\_\_\_ Parents \_\_\_ Parents

\_\_\_ Both \_\_\_ Both

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature** **(Required)** **Date**