Little Vikings Learning Center
Infant Feeding Plan

Parents and Caregivers: This form must be updated every 30 days until the child is eating table food.

Infant's Name:	Date of Birth:

I understand that the Little Vikings Learning Center must obtain and follow written feeding instructions for an infant who is not yet ready for table food. This infant feeding plan must be signed and dated by the infant's parent/guardian or health-care professional. I understand that these instructions must be updated every 30 days to include the types of food to include and schedule of my infant's feeding. I understand that a parent /guardian or health professional must provide date and initials for each update.

______________________	__________	______________________	__________
Parent/Guardian Signature	*Date*	*Healthcare Professional Signature (If needed or required)*	*Date*

Date: **Initials:** **Staff Initials:**	☐ Formula Name: ______________ ☐ Breast Milk ☐ Bottle Warmed ☐Yes ☐No Serving (ounces): Time(s) of day:	☐**Cereal** Type(s): Serving Size: Time(s) of day:	☐**Fruits** Type(s): Serving Size: Time(s) of day:	☐**Vegetables** Type(s): Serving Size: Time(s) of day:	☐**Meats** Type(s): Serving Size: Time(s) of day:	☐**Juices** Type(s): Serving Size: Time(s) of day:
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Does your child have any food allergies? ☐No ☐Yes **If yes**, describe symptoms to watch for:

Any other helpful information you would like for us to know about your infant's feeding?

Continued on next page.

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