

Infant Feeding Instructions

For infants (birth through 17 months)

This form must be completed by:

- the parent/consumer; **OR**
- the infant's physician, physician's assistant or certified nurse practitioner (CNP).
(Reference 5101:2-13-23 Paragraph B of the OAC.)

Name of Infant: _____

Date of Birth: _____

Feeding instructions: (Must include the type of food and/or formula, and the amount of food and/or formula, and feeding times/frequency of feedings.) This form is to be maintained in the child's file. **NOTE:** This form is to be used in conjunction with the Daily Record for Infants and Toddlers and shall be updated as needed.

Food and /or formula:

Amount of food and/or formula:

Feeding times / frequency of feedings:

Parents/Consumer Signature

Date

Provider's Signature

Date

Physician's Signature

*Not required unless form completed by physician.

Date