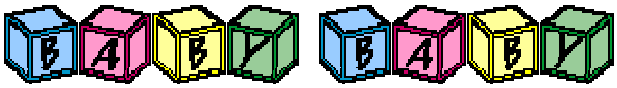
Infant Feeding Instructions

Infant's Name:_____ DOB:_____



Name of formula:_____

Amount of food/formula:_____

Feeding times:_____

How should the formula be served?

_____ cold _____ room temp _____warm

Additional instructions:_____

_____

_____

_____

_____

Caretaker's Signature _____ **Date**_____