



INFANT FEEDING SCHEDULE

CHILD'S NAME: _____ DOB: _____

PARENT'S NAME: _____ DATE: _____

_____ ***I WILL BE USING THE CENTERS IRON FORTIFIED FORMULA
(BERKLEY & JENSEN OR SAMS CLUB BRAND)***

FEEDING SCHEDULE: _____

_____ ***INFANT FORMULA USED (PROVIDING MY OWN)***

TYPE OF FORMULA USED: _____

FEEDING SCHEDULE: _____

_____ ***BREAST MILK USED***

FEEDING SCHEDULE: _____

_____ ***INFANT FORMULA & BREAST MILK USED***

TYPE OF FORMULA USED: _____

FORMULA FEEDING SCHEDULE: _____

BREAST MILK FEEDING SCHEDULE: _____

SPECIAL INSTRUCTIONS: _____
