

# INFANT FOOD INTRODUCTION



Child's Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Child is on:

- Breast Milk
- Formula
- Whole Milk
- Sippy Cup
- Open Cup

{ Ounces: \_\_\_\_\_ How Often: \_\_\_\_\_  
 Formula Brand: \_\_\_\_\_ Bottle Brand: \_\_\_\_\_  
 Nipple Flow Size: \_\_\_\_\_

Always check with your child's pediatrician before starting solid foods. The recommendation for starting solids is usually at 6 months of age. Foods should be tried at home first. Please check the foods that your child has tried at home and tolerated. Please write the date and your initials on the line next to each food below if your child is able to have this item at the center.

FRUITS	DATE & INITIALS	MEATS	DATE & INITIALS
<input type="checkbox"/> Apples	_____	<input type="checkbox"/> Beef	_____
<input type="checkbox"/> Avocados	_____	<input type="checkbox"/> Chicken	_____
<input type="checkbox"/> Apricots	_____	<input type="checkbox"/> Eggs	_____
<input type="checkbox"/> Bananas	_____	<input type="checkbox"/> Fish	_____
<input type="checkbox"/> Blueberries	_____	<input type="checkbox"/> Pork	_____
<input type="checkbox"/> Cantaloupe (Melons)	_____	<input type="checkbox"/> Turkey	_____
<input type="checkbox"/> Kiwi	_____	<b>GRAINS</b>	
<input type="checkbox"/> Mango	_____	<input type="checkbox"/> Barley	_____
<input type="checkbox"/> Peaches	_____	<input type="checkbox"/> Oatmeal Cereal	_____
<input type="checkbox"/> Pears	_____	<input type="checkbox"/> Pasta	_____
<input type="checkbox"/> Prunes	_____	<input type="checkbox"/> Quinoa	_____
<input type="checkbox"/> Strawberries	_____	<input type="checkbox"/> Rice Cereal	_____
<b>VEGETABLES</b>		<b>DAIRY</b>	
<input type="checkbox"/> Broccoli	_____	<input type="checkbox"/> Cheese	_____
<input type="checkbox"/> Beans (Green)	_____	<input type="checkbox"/> Cottage Cheese	_____
<input type="checkbox"/> Carrots	_____	<input type="checkbox"/> Yogurt	_____
<input type="checkbox"/> Cauliflower	_____	<b>OTHER</b>	
<input type="checkbox"/> Cucumber	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Peas (cooked)	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Potato-White	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Sweet Potato	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Spinach	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Squash	_____	<input type="checkbox"/> _____	_____

**\*This form will need to be updated each month with any changes\***

Parent / Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_