



# Dietary Instruction Form

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Date of Birth

Please indicate any food allergies\* or unique issues, foods to avoid and etcetera:

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\*If named any allergies above, Allergy Information Form required to be completed and properly filed with teacher and administration

Please complete the table below indicating the specific time intervals you wish for your infant to be fed, what specific meal item(s) you request your infant be given and in what specific amounts. Please feel free to use the space underneath for any additional comments, notes, details or points.

	Meal 1	Meal 2	Meal 3	Meal 4	Meal 5
Time					
Meal Item(s)					
Amount(s)					

\_\_\_\_\_  
Parent's Name - Printed

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date