



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF CHILD CARE
PARENT'S SPECIALIZED INSTRUCTIONS FOR INFANTS/TODDLERS

CHILD'S NAME

DATE OF BIRTH

ENROLLMENT DATE

I. DIET PLAN

INSTRUCTIONS: To be completed for an infant/toddler up to 24 months of age. Please update diet information as needed until child is on complete table food. A new form may be completed, or information may be added to this form by initialing and dating.

A. METHOD OF FEEDING

	YES	NO		YES	NO
Spoon / Cup / Bottle (please circle)			Holds own bottle		
Warm Bottle			Feeds Self		
			Feeding table or chair		

B. TYPE

	TIME	KINDS OF FOODS	AMOUNT
1. FORMULA			
2. WHOLE MILK			
3. INFANT FOOD			
4. JUNIOR FOOD			
5. TABLE FOOD			

PARENT'S SIGNATURE AND DATE:

II. SLEEPING ARRANGEMENTS

MY CHILD IS 12 MONTHS OLD OR OLDER, AND I GIVE PERMISSION FOR MY CHILD TO SLEEP ON A COT EFFECTIVE (DATE) _____

PARENT'S SIGNATURE AND DATE: