

# BREAST MILK/FORMULA RECORD

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Brand of Formula Used: \_\_\_\_\_

\*Please indicate if using breast milk

## Child's Feeding Schedule:

Morning: \_\_\_\_\_

Lunch: \_\_\_\_\_

Afternoon: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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The following formulas may NOT be used:

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Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Note: Parents should clearly label the infant formula with the child's first and last name and the current date. Infants shall be fed on demand unless parents provide other written instructions.

OLD DOMINION DAY SCHOOL INC.