

Infant Feeding Schedule

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

An individual form must be completed for all infants, ages 0 to 18 months.

	Type	Average Daily Amount
Breast Milk:		
Infant Formula:		
Whole Milk:		
Other Foods:	Veggies: _____ Grains: _____ Fruits: _____ Protein: _____	

Note the type of breast milk, infant formula, milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

My child may eat all table food served per the school menu and meal/snack schedule – prepared in a manner that is developmentally appropriate to avoid choking and/or food born illnesses (no need to fill out table below).

- Breakfast is not served and should be eaten at home.
- AM snack (9:00am) – Includes two components (protein, grain, veggie, fruit, and/or milk).
- Lunch (12:00pm) – Includes a protein, grain, two veggies (or a fruit and a veggie), and milk.
- PM snack (3:00pm) – Includes two components (protein, grain, veggie, fruit, and/or milk).

Time	Breast Milk, Infant Formula, Milk, and/or Other Foods

List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount (i.e. ounces):

List any special considerations, (for food allergies, the form on the back needs to be completed by a physician):

Parent Signature

Date

Provider Signature

Date

Medical Statement to Request Special Meals and/or accommodations

The Birds Nest, Inc – 86, 89, 90, and 91 Northern Lights Blvd. Kalispell, MT 59901

Child’s Name: _____ Date of Birth: _____
Parent/Guardian: _____ Phone #: _____

1. Check One:

- Participant has a disability or a medical condition and requires a special meal or accommodation. The Birds Nest must comply with requests for special meals and any adaptive equipment. **A State recognized medical authority must sign this form. A state recognized medical authority is a State licensed health care professional who is authorized to write medical prescriptions under State law.**
- Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. The Birds Nest is encouraged to accommodate reasonable requests – food/milk substitutes are to be provided by the parent/guardian of the participant. **A State recognized medical authority must sign this form. A state recognized medical authority is a State licensed health care professional who is authorized to write medical prescriptions under State law.**
- Participant does not have a disability, but is requesting a special accommodation due to family preferences. The Birds Nest is encouraged to accommodate reasonable requests – food/milk substitutes are to be provided by the parent/guardian of the participant.

2. Disability or medical condition requiring special meals or accommodations:

3. Special meals/accommodations (describe in detail to ensure proper implementation – use attachments as needed):

Signature of Parent/Guardian* Print Name Phone # Date

Signature of Medical Authority* Print Name Phone # Date

*A parent/guardian and physician’s signature is required for participants with disability and/or food intolerance(s). A parent/guardian signature alone is acceptable for special dietary needs that are not due to a disability or food intolerance(s).