

**INDIVIDUAL INFANT MEAL RECORD**

**NAME OF INFANT:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

FOOD COMPONENTS	0-3 mo	4-7 mo	8-11 mo	Date: _____				
<b>BREAKFAST</b>								
IFI Formula or Breast Milk	4-6 oz	4-8 oz	6-8 oz					
IF Infant Cereal	NA	0-3 T	2-4 T					
Fruit and/or Vegetable	NA	NA	1-4 T					
<b>A.M. SNACK</b>								
IFI Formula or Breast Milk OR Full Strength Juice	4-6 oz NA	4-6 oz NA	2-4 oz 2-4 oz					
Slice of Bread or Crackers	NA NA	NA NA	0-1/2 0-2					
<b>LUNCH</b>								
IFI Formula or Breast Milk	4-6 oz	4-8 oz	6-8 oz					
IF Infant Cereal AND/OR	NA	0-3 T	2-4 T					
Meat/Meat Alternate or cheese	NA NA	NA NA	1-4 T 1/2-2 oz					
Fruit and/or Vegetable	NA	0-3 T	1-4 T					
<b>P.M. SNACK</b>								
IFI Formula or Breast Milk or Full Strength Juice	4-6 oz NA	4-6 oz NA	2-4 oz 2-4 oz					
Slice of Bread or Crackers	NA NA	NA NA	0-1/2 0-2					
<b>SUPPER</b>								
IFI Formula or Breast Milk	4-6 oz	4-8 oz	6-8 oz					
IF Infant Cereal AND/OR	NA	0-3 T	2-4 T					
Meat/Meat Alternate or cheese	NA NA	NA NA	1-4 T 1/2-2 oz					
Fruit and/or Vegetable	NA	0-3 T	1-4 T					

I certify that the information on this infant feeding record is true to the best of my knowledge. I further understand that this information is being given in connection with the receipt of Federal funds, and that misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Caregiver: \_\_\_\_\_

date: \_\_\_\_\_