

Dear Parents,

For the safety, comfort, and well-being of your child, we request you to provide us with the following information

Feeding Instructions for Infants

Child's Name:

Age in Months:

Specific Feeding Schedule (e.g., every 3 hours, specific times)

Preferences (e.g., warmed milk, specific bottle type)

Special Dietary Needs

Specific Allergies or Intolerances

Dietary Restrictions (e.g., vegetarian, halal, kosher)

Other Dietary Requirements or Preferences

I have provided food/drink items for my child

Yes No

If yes, each item is labelled with

- Child's Name Yes No
- Date Provided Yes No

I understand the importance of providing clear instructions to ensure my child's safety and well-being while at the daycare

Parent/Guardian Signature:

Date: