

INFANT CENTER FORMULA AND SPOON-FED FOOD LIST

CHILDS NAME: _____

- My child may drink the Kirkland Infant Formula with Iron provided by Fruit and Flower.

- I will provide breast milk for my child.
- I will provide formula for my child. Brand name: _____
- I will provide my child's first foods.

My child may be served the following SPOON-FED beginner foods, which Fruit & Flower will provide. Please only authorize foods that have been first tried at home.

<u>VEGETABLES</u>	<u>FRUITS</u>	<u>OTHER</u>
(Prepared in our Kitchen)	(Prepared in our Kitchen)	
		Iron Fortified Rice Cereal _____
		Iron Fortified Oatmeal _____
Carrots _____	Banana _____	
Squash _____	Apples _____	
Sweet Potato _____	Peaches _____	
Peas _____	Pears _____	
Green Beans _____	Fresh Avocado _____	

Parent Signature: _____ Date: _____

Please initial and date additional items if you add them at a later date.