

# INDIVIDUAL INFANT MEAL PATTERN

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Formula: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

Name: \_\_\_\_\_ ALLERGY STATEMENT ON FILE? YES \_\_\_ NO \_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Record the component(s) served after each meal. See the infant meal pattern for meal component requirements.*

FOOD COMPONENTS	DAY:	DAY:	DAY:	DAY:	DAY:
	DATE:	DATE:	DATE:	DATE:	DATE:
<b>BREAKFAST</b>					
(1) Breast milk* or iron-fortified fluid infant formula					
(2) Infant cereal--dry, iron-fortified					
(3) Fruit and/or vegetable					
<b>AM SUPPLEMENT</b>					
(1) Breast milk* or iron-fortified fluid infant formula or full-strength fruit juice					
(2) Bread or crackers made from whole grain or enriched flour or meal					
<b>LUNCH:</b>					
(1) Breast milk* or iron-fortified fluid infant formula					
(2) Infant cereal--dry, iron-fortified					
(3) Meat or meat alternate: meat, Fish, poultry, egg yolk, cooked dry beans or peas cheese, cottage cheese, cheese food or cheese spread					
(4) Fruit and/or vegetable					
<b>PM SUPPLEMENT:</b>					
(1) Breast milk* or iron-fortified fluid infant formula or full-strength fruit juice					
(2) Bread or crackers made from whole grain or enriched flour or meal					
<b>SUPPER:</b>					
(1) Breast milk* or iron-fortified fluid infant formula					
(2) Infant cereal--dry, iron-fortified					
(3) Meat or meat alternate: meat, Fish, poultry, egg yolk, cooked dry beans or peas cheese, cottage cheese, cheese food or cheese spread					
(4) Fruit and/or vegetable					

\*Breast milk, provided by the infant's mother only, is recommended for the first year.