Child's Name: _____
Classroom:_____
Date:_____

INFANT

FOOD PERMISSIONS/SCHEDULE

PUREES

- ☐ Multi-grain Cereal
- ☐ Rice Cereal
- ☐ Oatmeal Cereal
- ☐ Carrots
- ☐ Green Beans
- ☐ Avocado
- ☐ Peas
- ☐ Squash
- ☐ Sweet Potatoes
- ☐ Spinach
- ☐ Apples
- ☐ Apricots
- ☐ Bananas
- ☐ Mango
- ☐ Blueberry
- ☐ Peaches
- ☐ Pears
- ☐ Strawberry

☐ **ALL PUREES ACCEPTABLE**

CRACKERS & GRAINS

- ☐ Sliced bread/Buns
- ☐ Pancakes
- ☐ Waffles
- ☐ Graham Crackers
- ☐ Blueberry Muffin
- ☐ Ritz Cracker
- ☐ Club Crackers
- ☐ Pasta
- ☐ Tortilla
- ☐ Rice
- ☐ Sun Butter
- ☐ Animal Crackers
- ☐ English Muffin
- ☐ Rice Crispy Cereal
- ☐ Cheerios

BOTTLE MILK

- ☐ Breastmilk
- ☐ Formula
- ☐ Mixed Breastmilk/Formula

APPROVED TABLE FOOD MEAL TIMES

- ☐ Breakfast
- ☐ Lunch
- ☐ Snack

FRUIT

- ☐ Pineapple
- ☐ Peaches
- ☐ Pears
- ☐ Mandarin Oranges
- ☐ Applesauce
- ☐ Bananas

VEGETABLES (COOKED OR CANNED)

- ☐ Peas
- ☐ Carrots
- ☐ Green Beans
- ☐ Mashed Potatoes
- ☐ Corn

PROTEIN/OTHER (COOKED AND CUT AT INFANT LEVEL)

- ☐ Beef
- ☐ Chicken
- ☐ Turkey (Deli Meat)
- ☐ Pizza

DAIRY

- ☐ Cottage Cheese
- ☐ Yogurt
- ☐ Deli Sliced Cheese
- ☐ String Cheese

1ST FINGER TABLE SNACKS (GERBER BRAND)

- ☐ Crunchies
- ☐ Mum-Mum Crackers
- ☐ Puffs
- ☐ Wagon Wheels

☐ **ALL TABLE FOODS ACCEPTABLE**

By 12 months children are required to follow the table food guidelines of a toddler daily.

ALLERGIES (REQUIRES ICCP PLAN):

FOODS TO AVOID: SENSITIVITY/PARENT PREFERENCE

I have tried the above foods at home and I give permission for them to be given to my child. I understand that this list is not inclusive; **therefore, I give permission for any foods/combinations of food that are provided from home to be given as well.**

Parent Signature **Date**