

Information About Foods Fed By Other Adults

ID# _____

Please use this form to gather information about all foods and drinks your child had when he or she was NOT in your care. Please write down the time the child had each food or drink, name and describe each item, and write down the total amount the child actually ate or drank. If you have any questions, please call us at 1-800-xxx-xxxx.

Please record information for: Day: _____ Date __/__/_____

	What time did the child eat?	What did the child eat/drink? <i>(Use one line for each food or drink.)</i>	Can you describe the food? <i>(For example: What was the brand name? How was the food prepared? Was anything added to the food?)</i>	How much did the child eat/drink? <i>(Include units: Fluid ounces, cups, tsp, TBSP)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Who your child was with when they had these foods/drinks: _____

May we contact this person directly if we have any questions? Yes No

If yes, please provide their phone number or e-mail: _____

THANK YOU for your help!