Day Early Learning

EARLY LEARNING INDIANA

USE OF POWDERED FORMULA

Please allow the staff of Day Early Learning to prepare bottles with powdered formula for _____. Mix the formula according to the following instructions:

Formula Brand:_____

Mix _____ounces of water and ____scoops of formula powder to create an ___ounce bottle.

The child is on this formula due to: *(Please choose one option)*

_____Medical Reasons. If so, please list the reason:

_____

_____

_____Preference of the Parent

Physician's Signature:_____

Date:_____