WEEKLY INFANT WEIGHT LOG

Child's Name: _____
Birth Weight: _____
Pediatrician: _____
Target Goal: _____

WEEK	DATE	WEIGHT (LB/OZ OR KG)	+/- CHANGE	FEEDING / HEALTH NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				

WEEK	DATE	WEIGHT (LB/OZ OR KG)	+/- CHANGE	FEEDING / HEALTH NOTES
10				
11				
12				