

# INFANT CARE INSTRUCTIONS

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Formula \_\_\_\_\_ Juice(s) \_\_\_\_\_  
(Warmed: Y / N)

**Diet:**

Cereal \_\_\_\_\_ Meats \_\_\_\_\_

Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_

**Schedule for feeding/Special Instructions on care:**

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**Allergies:**

Food \_\_\_\_\_ Other \_\_\_\_\_

Skin \_\_\_\_\_

**Skin Care:**

Ointment \_\_\_\_\_ Special Soap \_\_\_\_\_

Does your baby use a pacifier? \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\*This form is to be reviewed & updated at least every 30 days. If there are no changes, parents may re-sign and date and indicate that there is "no change".