



INFANT CARE INSTRUCTIONS



In order to serve your infant's needs in a more individual manner, we need the following information:

Infant's Name _____ Date of Birth _____

Does infant use a pacifier? _____

If you supply powder, cream, ointment or lotion please label with your child's name.

Type of Formula (Be Specific) _____ Warmed? _____

Bottle Brand: _____ Nipple Size: _____

Infant will drink _____ ounces on demand or every _____ hours.

Juice(s) _____

Cereal _____ Fruit _____

Vegetables _____ Meat _____

ALLERGIES: _____

OTHER HELPFUL INFORMATION (Please include schedule for feeding, sleeping, etc)

While in our care, infants not yet able to turn over on their own must be placed in a face-up sleeping position, unless the child's parent presents written documentation from a health care professional stating that a different sleeping position is allowed or will not harm the infant.

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent MUST review and update this form every 30 days until infant is able to eat table food.