**Infant Personal Data Sheet**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days in Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual Arrival Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual Departure Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Diet History**   What are you feeding your infant? (check all that applies)  Bottles  Uses cup   * Formula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand * Breast milk * 2 % Milk * Whole Milk   My Infant likes a bottle warmed: (check one)   * Cool * Room Temp. * Heated (Not Hot)   Amount/Serving \_\_\_\_\_\_\_\_\_\_ Frequency of Feedings \_\_\_\_\_\_\_\_\_\_  Does baby hold bottle? Yes No  Solid Foods  Table Food Baby Food Amount/Serving\_\_\_\_\_\_\_\_\_\_\_  Solid Foods are served at (please choose one)   * Room Temp. * Warmed   Vegetables (please circle all that apply)  Peas Beats Carrots Green Beans Squash Potatoes Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fruit (please circle all that apply)  Applesauce Pears Peaches Prunes Apricots  Plums Bananas Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Protein (please circle all that apply)  Beef Liver Eggs Turkey Veal Pork  Chicken Lamb Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any Known Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. **Daily Generalized Schedule**   6:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7:00am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8:00am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9:00am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10:00am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11:00am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11:30am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5:30pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Security Items: | | | |
| Hints for getting infant to sleep: | | | |
| Parent Signature: | Date: | | Date Updated: |