**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 ApricotsPlums Bananas Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Protein (please circle all that apply)Beef Liver Eggs Turkey Veal PorkChicken 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:  |