

# Infant Care Instructions

Dear Parent,

In order to serve your infant's needs in an individual manner, we ask that you complete this form. The instructions are required to be updated every 30 days until your child is eating table food.

Baby's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Formula (Be specific): \_\_\_\_\_ Warmed? \_\_\_\_\_

Juice: Yes No Type: \_\_\_\_\_

Type of Diet: If part of your baby's diet, please circle and name the types:

Cereal \_\_\_\_\_ Meat \_\_\_\_\_

Vegetable \_\_\_\_\_ Fruit \_\_\_\_\_

Allergies:

Food \_\_\_\_\_ Skin \_\_\_\_\_

Other \_\_\_\_\_

Skin Care:

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

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

Other helpful information:

Feeding schedule \_\_\_\_\_

Sleeping schedule \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_