



INFANT FEEDING / CARE INSTRUCTION SHEET

Please note that this form needs to be updated every 30 days until the child is eating table food.

Your child will be placed on his/her back for sleep unless we receive a note from your physician stating that it would be best for him/her to sleep on his/her stomach.

Child's Name: _____ Date of Birth: _____

____ Formula: _____ _____ Breastmilk

____ ounces every ____ hour(s)

Types of baby foods consumed and special instructions: _____ None

____ Cereal: _____

____ Fruits: _____

____ Vegetables: _____

____ Meats: _____

Does your child drink juice? ____ Yes ____ No Does your child drink water? ____ Yes ____ No

Any serving instructions? _____

Does your child have allergies? ____ Yes ____ No

If yes, please describe what to watch for below:

A medication authorization form will be needed for us to apply diaper rash ointment.

Diaper rash ointment name: _____ How often? _____

Does your child use a pacifier? ____ Yes ____ No

If yes, do you have any special instructions for pacifier use? Please explain below:

Any other helpful information?

I have reviewed this form and no changes are necessary for this 30-day period.

Signature _____ Date _____

I have reviewed this form and no changes are necessary for this 30-day period.

Signature _____ Date _____

I have reviewed this form and no changes are necessary for this 30-day period.

Signature _____ Date _____