



26606 Oakridge Dr. Spring Tx. 77380

**INFANT CARE/FEEDING INSTRUCCION SHEET**  
**Newborn thru 10 months**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of formula and type \_\_\_\_\_ Warmed? \_\_\_\_\_  
Any serving instructions? \_\_\_\_\_

***Type of food to consume:***

Cereal? \_\_\_\_\_ Meats? \_\_\_\_\_

Veggies? \_\_\_\_\_ Fruits? \_\_\_\_\_

Times a day? Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Breakfast and Lunch \_\_\_\_\_

Any allergies? If yes, please describe symptoms to watch for:  
\_\_\_\_\_

Do we have permission to use:

Bug-spray? Yes \_\_\_\_\_ No \_\_\_\_\_

Diaper Rash Ointment? Yes \_\_\_\_\_ No \_\_\_\_\_

Lotion? Yes \_\_\_\_\_ No \_\_\_\_\_

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 in a different position.  
***Please note babies are not able to nap in a rocking chair.***

Does your baby use a pacifier? Yes \_\_\_\_\_ No \_\_\_\_\_

Any instructions regarding pacifier use? \_\_\_\_\_

Give us a description of steps you follow to put baby to nap  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent signature \_\_\_\_\_

Date \_\_\_\_\_