

Infant Care Instruction Sheet

Name: _____ Date of Birth: _____

Type of formula: _____ Warmer? ____ Yes ____ No

Type of Diet: Cereal _____ Meats _____

Vegetables _____ Fruits _____

Type of food and amount

Breakfast: _____ Time: _____

Mid-Morning: _____ Time: _____

Lunch: _____ Time: _____

Mid-Afternoon: _____ Time: _____

Allergies: _____

Symptoms Produced: _____

Sleeping Position: _____ On Stomach _____ On Back _____ On Side

Does your baby use a pacifier? ____ Yes ____ No

Other helpful information (Please include any special instructions for feedings and napping.)

Parents Signature

Date

This form must be updated at least every 30 days

This form was updated:

Date	Parent Signature	Date	Parent Signature	Date	Parent Signature
Date	Parent Signature	Date	Parent Signature	Date	Parent Signature
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