

Infant Feeding & Care Instructions

Parent:

In order to serve your infant's needs in a more individual manner, we ask that you complete this form and return it to us.

Child's Name _____ Date of Birth _____

Type of Formula (be specific) _____

Type of Juice (s) _____

Type of Diet: Cereal _____ Meats _____

Vegetables _____ Fruits _____

ALLERGIES: Food _____ Skin _____

Other _____

Skin Care: Ointment _____ Special soap _____

Does your baby use a pacifier? Yes _____ No _____

Other helpful information including feeding schedule, sleeping schedule, etc.:

Thank you for allowing us to care for your child. This information must be reviewed every 30 days.

Parent Signature _____ Date: _____

Changes in feeding instructions:

Change: _____

Parent signature: _____ Date: _____

Change: _____

Parent signature: _____ Date: _____

Change: _____

Parent signature: _____ Date: _____

Change: _____

Parent signature: _____ Date: _____