

INFANT CARE INSTRUCTION SHEET

Name: _____ Date of Birth: _____

Type of Formula (*be specific*): _____ Warmer? Yes No

Type(s) of Juice: _____

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 feeding and napping.*)

Parent's Signature Date

This form must be updated at least every 30 days.

This form was updated:

Date Parent's Signature

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