



# INFANT CARE INSTRUCTIONS



In order to serve your infant's needs in a more individual manner, we need the following information:

Infant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does infant use a pacifier? \_\_\_\_\_

If you supply powder, cream, ointment or lotion please label with your child's name.

Type of Formula (Be Specific) \_\_\_\_\_ Warmed? \_\_\_\_\_

Bottle Brand: \_\_\_\_\_ Nipple Size: \_\_\_\_\_

Infant will drink \_\_\_\_\_ ounces on demand or every \_\_\_\_\_ hours.

Juice(s) \_\_\_\_\_

Cereal \_\_\_\_\_ Fruit \_\_\_\_\_

Vegetables \_\_\_\_\_ Meat \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

OTHER HELPFUL INFORMATION (Please include schedule for feeding, sleeping, etc)

\_\_\_\_\_  
\_\_\_\_\_

While in our care, infants not yet able to turn over on their own must be placed in a face-up sleeping position, unless the child's parent presents written documentation from a health care professional stating that a different sleeping position is allowed or will not harm the infant.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Parent MUST review and update this form every 30 days until infant is able to eat table food.**