

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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