Infant Care Instructions

Bottles: _____oz. every____hours

☐ Formula  ☐ Breast Milk

Childs Name:

If using formula, what brand and type of formula do you use?

__________________________________________

__________________________________________

BABY FOOD

Time: ______ a.m. / p.m.

Comments:

☐ Jar(s) of  ☐ Cereal  ☐ Meats  ☐ Veggies  ☐ Fruit  ☐ Juice

Time: ______ a.m. / p.m.

Comments:

☐ Jar(s) of  ☐ Cereal  ☐ Meats  ☐ Veggies  ☐ Fruit  ☐ Juice

Time: ______ a.m. / p.m.

Comments:

☐ Jar(s) of  ☐ Cereal  ☐ Meats  ☐ Veggies  ☐ Fruit  ☐ Juice

DIAPERING

Do we have permission to use...

☐ Baby Powder  ☐ Diaper Rash Cream  ☐ Lotion

If so please bring these items labeled with your child’s name to be kept in his/her cubby.

Sleeping  Your baby will be placed on his/her back to sleep unless we receive a note from your physician stating that it would be best for him/her to sleep in a different position.

Does your baby use a pacifier?  ☐ Yes  ☐ No

Please Explain any special instructions regarding the use of a pacifier.

____________________________________________________________________________________

____________________________________________________________________________________

Please note that this form needs to be updated every 30 days until the child is eating table food only.

Parent’s Signature ___________________________  Date___________________________

I have reviewed this form and no changes are necessary for this 30 day period.

Parent’s Signature ___________________________  Date_____________________________