

## 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.:

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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: \_\_\_\_\_