

Infant Care and Feeding Instruction Sheet

(For Use until an Infant is Eating Table Food)

Parents and Caregivers: This form must be updated every 30 days until the child is eating table food.

Child's Name:		Date of Birth:				
What type of baby foods does your child consume? Update every 30 days. Please Date & Initial.						
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____ Time(s) of day _____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____
Initials:						
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____ Time(s) of day _____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____	Serving Size ____ Time of day ____
Initials:						

Does your child have any food allergies? No Yes If yes, describe symptoms to watch for: _____

Your child will not be administered any type of diaper ointment without your written consent. Do we have permission to use:

Baby Powder Brand _____ Diaper Rash Ointment Brand _____ Lotion Brand _____ Other _____

Does your baby use a pacifier? Yes No Any special instructions regarding pacifier use? _____

Your child will be placed on his/her back for sleep unless we receive a note from your physician otherwise.

Any other helpful information you would like for us to know about your child?

Parent's Signature

Date