



INFANT CARE INSTRUCTION SHEET

Child's Name: _____ Date of Birth _____

Type of Formula (be specific) _____

Warmer? Y or N

Type(s) of Juice _____

Type of Diet: Cereal _____ Meats _____
Vegetables _____ Fruits _____

Allergies: Food: _____
Skin: _____
Other: _____

Symptoms Produced: _____

Skin Care Ointment: _____

Sleeping Position: On Stomach On Back On Side (please circle one)

Does your baby use a pacifier? Yes No (please circle one)

Other Helpful Information (Please Include schedule for feeding, sleeping, etc...)

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date