



Infant Care Sheet

[Child's Full Name]

_____/_____/_____

[Date of Birth]

FEEDING INSTRUCTIONS

Is your child breastfed? [] Yes [] No

Type of **formula** [be specific]: _____ Warm? [] Yes [] No

What type[s] of **juices** does your child drink? _____

Type of Diet:

Cereal _____ Meats _____

Fruits _____ Vegetables _____

Type of food and amount to serve:

Breakfast _____ Time: _____

Mid-morning _____ Time: _____

Lunch _____ Time: _____

Mid-afternoon _____ Time: _____

Allergies: _____

Symptoms produced: _____

Does your baby use a pacifier? [] Yes [] No

OTHER HELPFUL INFORMATION [Please include any special instructions for feeding and napping]

* This form should be updated every 30 days or as often as necessary to keep up with baby's changing habits.

[Signature of Parent or Guardian]

_____/_____/_____

[Date]