



Infant Care instructions sheet

Name: _____ Date of Birth: _____

Type of formula (be specific): _____ Warmed? ___ Yes ___ No

Type of Juice: _____

Type of Diet: Cereal _____ Meats _____

Vegetables: _____ Fruits _____

Other: _____

Is it okay to combine solid foods with milk in bottle? ___ Yes ___ No

Allergies: Food: _____

Skin: _____

Other: _____

Symptoms produced: _____

Skin care ointment: _____ Special Soap: _____

Sleeping position: ___ On back ___ On stomach ___ On side (Dr. approval required)

Does your baby use a pacifier? ___ Yes ___ No

Other helpful information: (Please include schedule for feeding, sleeping, etc.)

Parent's Signature

Date

*Parent must update every 30 days