

# Infant Care Instructions



Infant Name \_\_\_\_\_

Birthdate \_\_\_\_\_

What are you currently feeding your infant?

Type of Formula \_\_\_\_\_ Warm? YES \_\_\_ NO \_\_\_

Infant Cereal(s) \_\_\_\_\_ Infant Meats \_\_\_\_\_

Infant Vegetables \_\_\_\_\_

Infant Fruits \_\_\_\_\_

Other \_\_\_\_\_

Table foods offered at this time? YES \_\_\_ NO \_\_\_ If yes, please list what solid foods have currently been introduced. \_\_\_\_\_

*Please update this form, as you gradually introduce new strained or solid foods.*

## FEEDING SCHEDULE:

Please list the approximate amount of formula, strained and/or solids, your infant is currently being feed.

Early A.M.	Mid Morning	Midday	Early P.M.	Late Afternoon

Current sleeping pattern at home: \_\_\_\_\_

Does your child use a pacifier? YES \_\_\_ NO \_\_\_ (If yes, please provide 2 pacifiers to be left at center.)

Additional infant care information \_\_\_\_\_

***INFANT CARE FORM MUST BE UPDATED MONTHLY OR SOONER, AS CHANGES OCCUR.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Caregiver Initials \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Caregiver Initials \_\_\_\_\_

*Thank you for the privilege of caring for your infant!*