

In order to serve your infant's needs in a more individual manner, we ask that you fill out this form and return it to the nursery.



INFANT CARE INSTRUCTION SHEET

Name _____ Date of Birth _____

Type of Formula (Be Specific): _____ Warmed: ___ Yes ___ No

Types(s) of Juice: _____

Vegetables _____

Fruits _____

Allergies: Food: _____

Skin: _____

Other: _____

Symptoms Produced _____

Skin Care: Ointment: _____

Sleeping Positions: ___ On Stomach ___ On Back ___ On Side

Does your baby use a pacifier? ___ Yes ___ No

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

Parent Signature

Date

NOTE: Please update this form as changes are made (every 30 days).