



NURSERY/ INFANT CARE & FEEDING INSTRUCTION SHEET

Child's name _____ Date of Birth: _____

Name of Formula _____ Breast Milk? Yes / No Warmed? _____

How often? _____ / _____ / _____ / _____ How many ounces? _____ / _____ / _____ / _____

If your child is sleeping- Do you want us to wake him/her up to be fed? _____

to be changed/checked? _____ What is the longest you want your child to nap at one time? _____

Type of baby foods consumed:

Cereal _____ When _____ How much _____

Veggies _____ When _____ How much _____

Fruits _____ When _____ How much _____

Food likes _____ Food dislikes _____

Any allergies? If yes, please describe symptoms to watch for: _____

Do we have permission to use: Baby Powder? _____ Brand: _____

Diaper Rash Ointment? _____ Brand: _____ Lotion? _____ Brand: _____

Teething pain reliever? _____ Brand: _____ Gas Drops? _____ Brand: _____

Does your baby use a pacifier? _____ Any special instructions regarding pacifier use ? _____

Infants not yet able to turn over on their own will be placed in a face-up sleeping position, unless the child's parent presents written documentation from a health-care professional stating that a different sleeping position is allowed or will not harm the infant.

Comments _____

Please note that this form needs to be updated every 30 days until the child is eating table food.

My child is on table food and does not require 30 day updates _____ Date _____

Parent's signature _____ Date _____