

**Infant  
General Information**

**Name:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Does your child have any ALLERGIES? \_\_\_\_\_

Any special needs? \_\_\_\_\_

Please list any information concerning your child which will help us give better care: \_\_\_\_\_

Nursing: What times will you be nursing? \_\_\_\_\_

Will you be nursing in Day Care Center or taking child out to nurse? \_\_\_\_\_

Bottles: What are the amounts and times? \_\_\_\_\_

Bottles warmed? \_\_\_\_\_

Food: Is your child eating solid food? \_\_\_\_\_

What types of food? \_\_\_\_\_

Amounts and schedule? \_\_\_\_\_

Sleep: We put all infants to sleep on their backs. \_\_\_\_\_

What are child's nap times and sleep habits? \_\_\_\_\_

What is usual routine for putting to sleep? \_\_\_\_\_

Does your child? Speak? Sit Up? Crawl? Walk? \_\_\_\_\_

Diapering instructions: \_\_\_\_\_

Child's likes and dislikes: \_\_\_\_\_

How do you comfort your child when upset? \_\_\_\_\_

Special words and their meanings: \_\_\_\_\_

**PERMISSION FOR NON-PRESCRIPTION MEDICATION AND INSTRUCTIONS**

(all non-prescription medication must be provided by the parent)

Will your child need diaper ointment? Directions for use: \_\_\_\_\_

Will your child need sunscreen? Directions for use: \_\_\_\_\_

Will your child need teething gel or tablets? Directions for use: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_