

**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: _____