

**Toddler
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: _____

Bottles: What are the amounts and times? _____

Bottles warmed? _____

Food: Is your child eating solid food? _____

What types of food? _____

Amounts and schedule? _____

Is your child using utensils? _____

Does your child use a sippy cup? _____

Sleep: What are child's nap times and sleep habits? _____

What is usual routine for putting to sleep? _____

Diapering instructions: _____

Is your child toilet trained? _____

Toileting Schedule: _____

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

(Parents must provide all non-prescription medication.)

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: _____