

Infant All About Me

Name _____ Date of Birth _____

Current Age: _____

My child takes _____ brand of formula/ breastmilk and likes is warm/room temp/cold. (circle one)

My child uses _____ brand of bottles and gets _____ oz every _____ hours.

My child can eat/can't eat solids. These are the solids my child can have:

Times for meals:

Breakfast: _____

Lunch: _____

Snack: _____

My child can use _____ for diaper rash.

My child takes a _____ brand pacifier.

Special Instructions on how to best care for your child:

I have had my 2 month/4 month/6 month/12 month shots and I have/have not turned a copy of my record in to the front office.

My child is allergic to _____

Parent Signature _____ Date _____