

Infant All about Me for: _____ D.O.B: _____

My child takes _____ brand of formula/ Breast Milk and likes it
Warm/Room Temp/Cold.

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 Instruction on how to best care for your child

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

My Child is allergic to _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____