



ACADEMY LEARNING CENTER

INFANT CARE

(FOR USE UNTIL AN INFANT IS EATING TABLE FOOD)

Child's Name _____ Date of Birth _____

Name of Formula and Type _____ Warmed ___yes___no

Does your child drink juice? _____ Any serving? ___yes___no

Special instructions for juice consumption _____

Type of baby foods consumed:

Cereal _____ Meats _____ Fruits _____

Vegetables _____

When and how much does your child consume?

Allergies ___yes___no If yes please describe symptoms to watch for and instructions.

Do we have permission to use:

Baby Powder ___yes___no Brand preferred _____

Diaper Rash Ointment ___yes___no Brand Preferred _____

Lotion ___yes___no Brand Preferred _____

Your child will be placed on his/her back for sleep unless we receive a note from your physician stating that it would be best for him/her to sleep on his/her stomach/side.

Does your baby use a pacifier ___yes___no Special Instructions _____

Any further instructions for us? _____

Please note that this form needs to be updated every 30 days until the child is eating table food.

Parent's Signature _____ Date _____

I have reviewed this form and no changes are necessary for the next 30 day period.

Parent's Signature _____ Date _____