



## INFANT INFORMATION SHEET

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

	Yes	No	Does your child eat:	Yes	No
Does child take a bottle?	_____	_____	Strained foods	_____	_____
Is the bottle warmed?	_____	_____	Baby foods	_____	_____
Does child hold bottle?	_____	_____	Formula	_____	_____
Can child feed self?	_____	_____	Whole Milk	_____	_____
Does child take pacifier?	_____	_____	Table foods	_____	_____
			Juice	_____	_____
			Other	_____	_____

What type of formula used? \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount of formula to be given? \_\_\_\_\_ Date: \_\_\_\_\_  
 Updated amounts of formula? \_\_\_\_\_ Date: \_\_\_\_\_

Foods likes: \_\_\_\_\_ Foods dislikes: \_\_\_\_\_

Allergies: \_\_\_\_\_

If any creams, ointments, or lotions are needed, a medication form will be necessary.  
 Bottles must be premixed, labeled, dated, and ready to serve.

***ABC Academy follows the recommendations of the SIDS Alliance sleeping practices for infants.***

Child's Schedule		

Additional Instructions: \_\_\_\_\_

I understand it is my responsibility to keep ABC Academy updated, in writing, as my child's needs change.

Please update every 30 days or as any of the above information changes.

Parent signature: \_\_\_\_\_