

Infant Intake Sheet

Date: _____

Child's Name: _____ Age: _____ Birthdate: _____

MOTHER
Name: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

FATHER
Name: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

In case of illness or emergency and we cannot contact the child's parents, Who should we contact?

#1
Name: _____
Relationship: _____
Phone Number: _____

#2
Name: _____
Relationship: _____
Phone Number: _____

Have these person agreed to assume responsibility? YES NO

Child's Physician or Pediatrician:

Name: _____
Address: _____
Phone: _____

Please bring in Tylenol and Teething Lotion for your child to be left in their boxes for their own use. These will not be administrated unless you give consent and are contacted.

Tylenol Permission: _____
(Parent Signature)

Teething Lotion Permission: _____
(Parent Signature)

Does your child have any known health conditions we should be aware of? YES NO

If yes, please State: _____

Does your child take medication regularly? YES NO

If yes, please state: _____

List of any Allergies that you are aware of: _____

In order for your child's individual needs to be met with the best of our abilities, we would appreciate the following information:

Is your baby on: 2% milk whole milk or formula?
If Formula, what kind: _____

Does your baby prefer it's bottle WARMED or ROOM TEMP

When fed, How: _____

When burped, How: _____

EATING HABITS

What does your baby like to eat? _____

How often does your baby eat? _____

How much does your baby eat? _____

SLEEPING HABITS

How often does your baby nap? _____

How long does your baby sleep normally? _____

Does your baby sleep on it's: BACK SIDE or TUMMY

DIAPERS

What type of diapers would you like us to use? _____

Is your baby allergic to any kind of diapers? YES NO Is yes, what kind; _____

Who is authorized to pick up your child?

NAME	RELATIONSHIP	PHONE
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Your permission is needed if we should need to bathe your baby. If you wish for us to bathe your baby, sign below.

Signature: _____

Please feel free to add any comments you feel we should know about your child. It is our intention to use and refer to this material to care for your baby as you would. Working together will help us to know what you want for your child. It is our aim to give your child the best and assure you that your baby will be very well cared for.
