

**Parent's Instructions for Infant**

Child's Name: \_\_\_\_\_  
(Last) (First)

Feeding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diapering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sleeping Habits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_