



**Infant Schedule**

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

Name: \_\_\_\_\_

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

\*\*\*Diapers will be checked once per hour\*\*\*

Child uses:

- Pacifier     
  Gas Drops     
  Diaper Cream     
  Oragel     
  Baby Oil

*\* Items such as diaper rash ointments, teething gels, and gas drops are considered medications. A Medical Authorization Form will have to be signed weekly in order to administer these medicines.*

Usual Nap Times

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Child Sleeps on  Stomach\*       Back

*\* In accordance with recommendations from the American Academy of pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than 12 months, shall be placed on his/her back for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).*

Child uses:

- Blankets     
  Stuffed Toys     
  Other Soft Materials: \_\_\_\_\_

*\*In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment. Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas trapping objects shall be kept out of the infant's sleeping environment.*

\*\*\* I, \_\_\_\_\_ will not hold Camellia School responsible for any incident that may occur with my child from sleeping on their stomach or sleeping with blankets, toys, etc. (If the above categories are checked). \*\*\*Doctor's Note MUST BE provided in addition to signature stating clearance \*\*\*

Signature: \_\_\_\_\_

Usual Juice Times				
Usual Milk Times				
	Child Holds Bottles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Takes Milk	<input type="checkbox"/> Warm**	<input type="checkbox"/> Cold	<input type="checkbox"/> Room Temperature
	Heat in Bottle Warmer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Usual Feeding Times	(Approximate, unless specified differently)			
Breakfast (8:00am)				
AM Snack (9:30am)				
Lunch (11:00am)				
PM Snack (2:00pm)				
Other Feedings**				

Position for feeding:

- High Chair     
  Bouncer     
  Worker Held

(over)

Child can:

- Roll from back to stomach
- Roll from stomach to back
- Sit alone

- Pull up
- Walk holding on
- Walk alone

Child enjoys:

- Swing
- Stroller
- Bouncer
- Jumper
- Outside

Current struggles:

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Anything that will help us better care for your child:

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Additional Comments/Notes:

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