

Baby Care Card



ABOUT MY CHILD	
Full name:	
Date of birth:	
Allergies:	
Medical conditions:	

SLEEPING	
Sleeping schedule:	
If they won't sleep, try:	

FEEDING	
What is baby's feeding schedule?	
How much per feeding?	
Special bottle instructions/measurements:	

KEEPING BABY HAPPY	
Favorite toy or activity:	
Favorite book or song:	
Favorite interaction:	

IMPORTANT NUMBERS	
MY CONTACT INFO	
Name	
Number 1	
Number 2	
ALTERNATE CONTACT	
Name	
Number	
PEDIATRICIAN	
Name	
Number	
HOSPITAL	
Name	
Number	
EMERGENCY SERVICES	
Police/Ambulance/Fire:	
911	
Poison Control:	
1-800-222-1222	