

ABOUT MY CHILD

Full name:

Date of birth:

Allergies:

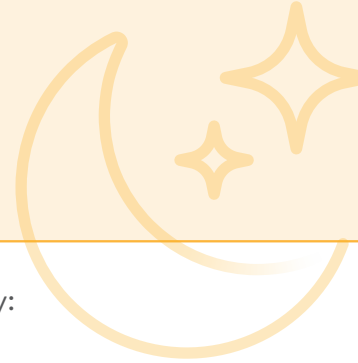
Medical conditions:



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