INFANT DAILY REPORT CARD

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

Medication Given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_ Amount given:\_\_\_\_\_\_\_\_ By whom:\_\_\_\_\_\_

Temperature:\_\_\_\_\_\_\_\_\_ Where on body?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ By whom:\_\_\_\_\_\_\_

PER PARENTS DIRECTION THIS CHILD EATS EVERY: (Circle one) 2 3 hours

Number of bottles brought in by parent today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottle #1 oz’s:\_\_\_\_\_\_ Bottle #2 ozs:\_\_\_\_\_\_ Bottle #3 oz’s:\_\_\_\_\_\_

Bottle #4 oz’s:\_\_\_\_\_\_ Bottle #5 ozs:\_\_\_\_\_\_ Bottle #6 oz’s:\_\_\_\_\_\_

 

 

Additional Communication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have forms that need your signature: YES NO

\*\*Parents should receive a copy of their Baby’s Daily Report Card each day. We keep the original for our records\*\*