

ADDITIONAL INSTRUCTIONS (OPTIONAL)

I. SLEEP INSTRUCTIONS

A. In what position does your child sleep? (circle one) Back Side

B. What time(s) does s/he usually nap? How long a nap?

C. Describe any special needs related to sleeping

II. DIAPERING INSTRUCTIONS

A. I am providing the following lotions, powders and/or ointments to be used on my baby when:

WET

BM

RASH

B. I do not want any lotions, powders or ointments used.

C. What baby supplies will you be supplying?

III. SPECIAL INSTRUCTIONS FOR CARE (RESTRICTIONS, ALLERGIES, ETC.)