



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

PARENT'S SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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INSTRUCTIONS TO PARENTS:
 • Please complete for child who is less than 24 months of age.
 • Update diet information as needed until child is on complete table food. Use a new form or initial/date changes on this form.

FEEDING METHOD

(Check all that apply.)
 SPOON CUP BOTTLE WARM BOTTLE HOLDS OWN BOTTLE FEEDS SELF FEEDING TABLE OR CHAIR

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
FORMULA			
WHOLE MILK			
INFANT FOOD			
JUNIOR FOOD			
TABLE FOOD			

ARRANGEMENTS FOR SLEEP
(The American Academy of Pediatrics and other nationally recognized authorities for infant health advise that infants should be placed on their backs to sleep to reduce the risk of Sudden Infant Death Syndrome.)

TIME CHILD USUALLY NAPS	USUAL LENGTH OF NAP
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SPECIAL NEEDS/INSTRUCTIONS RELATED TO SLEEPING

My child is 12 months old or older, and I give permission for my child to sleep on a cot.

_____ (PARENT'S SIGNATURE) _____ (DATE)

DIAPERING INSTRUCTIONS

I give permission for caregivers to use _____ on my child for:
(Lotions and/or ointments, etc. that I have provided)

WET BOWEL MOVEMENT RASH OTHER

I do not want caregivers to use any lotions, powders, ointments or similar items on my child.

I will furnish the following baby supplies for my child:

SPECIAL INSTRUCTIONS FOR CARE (Restrictions, allergies, etc.)

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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