

# INFANT DAILY CARE RECORD

Please remember to sign your child in and out

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Special Instructions \_\_\_\_\_

Food Received

Time	Milk/Formula	Water/Juice	Food

Naps:

Diaper Check:

W-Wet D-Dry BM-Bowel Movement

Time Outdoors:

General Mood:

Medication:

Summary of Daily Activities:

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