

Baby Care Card

BABY'S NAME:

ABOUT MY CHILD

Full name:

Date of birth:

Allergies:

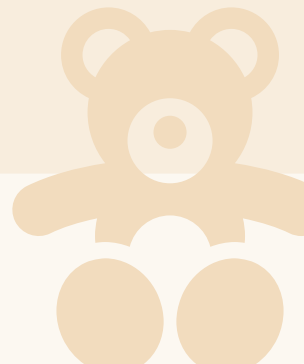
Medical conditions:



SLEEPING

Sleeping schedule:

If he/she won't sleep, try:

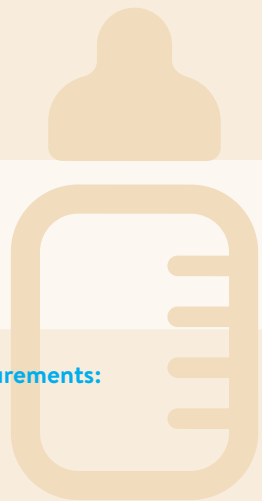


FEEDING

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

Mobile number

Other number

ALTERNATE CONTACT

Name

Number

PEDIATRICIAN

Name

Number

HOSPITAL

Name

Number

EMERGENCY SERVICES

Police/Ambulance/Fire:

911

Poison Control:

1-800-222-1222