

TEACHER INFORMATION SHEET LAMBS/PUPPIES

CHILD'S NAME _____	DATE OF BIRTH _____
METHOD OF FEEDING SIPPY CUP yes no BOTTLE yes no WARM BOTTLE yes no HOLDS OWN BOTTLE/CUP yes no FEEDS SELF yes no	LIST ANY FOOD OR DRINK ALLERGIES _____ _____ _____ _____
LIST ANY HEALTH CONCERNS IN WHICH WE NEED TO BE AWARE. _____ _____	
SLEEP INSTRUCTIONS In what position does your child sleep? (circle one) Back Tummy Side When and how long does your child usually nap? _____ Describe any special needs for sleeping (i.e. pacifier, special blanket, etc). _____ _____	
DIAPERING INSTRUCTIONS For the school year, I am providing the following lotions, powders, and/or ointments to be used on my baby when: WET _____ BM _____ RASH _____ <input type="checkbox"/> I do not want any lotions, powders, or ointments used on my child.	

