MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
PARENT’S SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS  

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>DATE OF BIRTH</th>
<th>DATE ENROLLED</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>TYPE OF FOOD</th>
<th>FEEDING TIME</th>
<th>KINDS OF FOOD</th>
<th>AMOUNT OF FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMULA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHOLE MILK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFANT FOOD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUNIOR FOOD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TABLE FOOD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>TIME CHILD USUALLY NAPS</th>
<th>USUAL LENGTH OF NAP</th>
</tr>
</thead>
</table>

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/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

MO 580-1918 (3-07)