



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 INFORMATION**

(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			

TIME CHILD USUALLY NAPS

USUAL LENGTH OF NAP

**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)

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 (Respirations, allergies, etc.)**

PARENT/LEGAL GUARDIAN SIGNATURE

DATE