

# INFANT DAILY REPORT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ ARRIVAL: \_\_\_\_\_

**PARENT'S CORNER**

**INSTRUCTIONS OR GENERAL NOTES:**

**TODAY, I WAS:**  HAPPY  PLAYFUL  CUDDLY  FUSSY  BUSY  TIRED

**DIAPER**

TIME	DIAPER TYPE
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY

**BOTTLE**

TIME	OUNCES	BOTTLE TYPE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> MILK

**MEALS**

TIME	MEAL	AMOUNT

**SLEEP**

START	END

**ITEMS I NEED:**  DIAPERS  WIPES  CREAM  CLOTHES  BLANKET  OTHER

**NOTES FOR MY PARENTS:**