INFANT DAILY LOG

Child's Name:_____ Date: _____

Caregiver:_____

Fluids: Milk/Formula Type:_____

_____oz ____Time |_____oz _____Time |_____oz_____Time |_____oz _____Time

Water:
_____oz_____Time|_____oz_____Time_____oz_____Time|_____oz_____Time

Juice:			
Type	**Amount**	**Time**	
Solids:			
Type	**Amount**	**Time**	
Diaper Changing:			
Time	**W / D / BM**	**Time**	**W / D / BM**

Activities:_____

_____

_____

Notes:_____

_____

_____

Provide parent with copy if requested