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 / Tummy- Time:

_____

_____

Notes:_____

_____

_____

Provide parent with copy if requested