

## Dear Child Care Provider: Here Is Information About My Breastfed Baby!

Today's Date \_\_\_\_\_

Baby's Name (First and Last) \_\_\_\_\_

Baby's Birth Date \_\_\_\_\_

Parent's Name (First and Last) \_\_\_\_\_

When my baby is hungry, he or she (check all that apply):

- Sucks hands and other objects
- Smacks lips
- Cries
- Roots or turns his or her head and opens his or her mouth
- Bobs head or mouth against your upper body
- Other \_\_\_\_\_

My baby usually drinks \_\_\_\_\_ fluid ounces when I feed him or her.

My baby usually drinks the bottle  cold or  warm.

If my baby runs out of breastmilk, I would like you to:

- use my back-up supply of frozen breastmilk.
- call me, so I can bring more breastmilk.
- give my baby formula.

**If you have a space for me to breastfeed at your child care site, I would be interested in using it.**

Yes  No

**I plan to breastfeed my baby at pick up. Please make sure my baby is ready!**

Yes  No

**Parent's Signature:** \_\_\_\_\_

**I will bring a back-up supply of breastmilk when possible. Please store it in the refrigerator or freezer!**



When I bring in breastmilk, I will label the bottle with my baby's full name and the date I pumped the breastmilk.