

The following is a sample contact form that can be adapted by the Infant Nurse Consultant for monthly visits to a child care center.

XXXXX CONSULTING L.L.C.

address

TEL XXX-xxxxx CELL xxx-xxxx

[email address](#)

Center/Room:

Date:

Advised on following topics

Notes

Topic	Consultation	Follow up Needed
Communicable Disease Prevention		
Medication Management		
Health Policies		
Handwashing/Diapering		
Infant Feeding		
Food Allergy/Food Safety		
Safe Sleep (SIDS)		
Environment		
Relationships		
Immunizations		
Development		
Children of Concern		

Signature: _____

Date: _____
