UW Medicine

Milestones and Mementos *Records to keep*

A B C		1		
Baby's Name				
Birth Date				
Birth Time				
Birth Place				
Birth Weight				
Birth Length				
Delivered by				
These people were	e present f	for the bir	th:	
				

ID Bands Tape baby's ID band here Tape parent's ID band here Tape parent's ID band here

Crib Card

For Safe Sleep, please follow the ABCs		UNIVERSITY	Medicine OF WASHINGTON CAL CENTER
Alone in crib			
	Baby		
B Back to sleep	Date of Birt	n	_Time
	Weight		_Length
Close to your b	ed		

542 C	My due date was: I was born at weeks gestation.
	When I was first put skin to skin: I slept My eyes were closed My eyes were open I latched, or tried to latch
	My first feeding was on: Memories about that feeding:
	The first time my mom and I spent a whole day and night together was:
	I first pooped on: changed my diaper. I first peed on: changed my diaper.

Things my family and friends said about me on the day I was born:
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