

Please **PRINT** in pen.

Date: ____/____/____

Held by: _____

Baby's last name: _____

Name of nurse: _____

Name of Kangaroo Star: _____

Length of time held: _____ Minutes

Method of KC: (circle one) Skin to Skin Encircling

REMEMBER: Don't forget to document baby's kangaroo time in their medical records.

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