**Special Instructions for Today**

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<tr>
<th>Child(ren)’s Name</th>
<th>Age</th>
<th>Allergies (please be specific)</th>
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Emergency contact phone numbers (include physician’s name and phone number):

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Meals/snacks/feedings:

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Bedtime/sleep/naps:

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Bathroom/diapering:

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TV/computer/games/books/toys:

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Other: Please list any activities or specific things your child(ren) cannot or should not do while you are away:

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Text me when or if: _____________________________________

Call me when or if: _____________________________________

Cell Number(s): ________________________________________