

Special Instructions for Today

Child(ren)'s Name:

Age:

Allergies (please be specific):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact phone numbers (include physician's name and phone number):

Meals/snacks/feedings:

Bedtime/sleep/naps:

Bathroom/diapering:

TV/computer/games/books/toys:

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

Text me when or if: _____

Call me when or if: _____

Cell Number(s): _____