Important Notes

Where We Will Be:

Mom's Cell:

Dad's Cell:

Doctor's Number:

Neighbor's Number:

Allergies:

Medication & Dosages:

Instructions:

Meals & Snacks

Breakfast:

Lunch:

Dinner:

Snacks:

Routine & Activities

Morning:

Afternoon:

Evening:

Bedtime:

In case of Emergency

Our Address:

Fire:

Police:

Poison Control:

**Or Call 911*

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While You Were Out

Kid's Mood:

Any Issues or Challenges:

Injuries or Allergic Reactions:

Medication Given (Dosage/Time):

Notes:

We Ate

Breakfast:

Lunch:

Dinner:

Snacks:

We Played & Worked On

Morning:

Afternoon:

Evening:

Bedtime:

Phone Calls or Messages:

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