

**SPECIAL INSTRUCTIONS FOR TODAY**

**Child(ren)'s Name:**

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**Age:**

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**Allergies (please be specific):**

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

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**Meals/snacks/feedings:**

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**Sleep/naps:**

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**Bathroom/diapering:**

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**TV/computer/games/books/toys:**

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**Other:**

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

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