

My Name: _____ Cell phone / pager: _____

Child's Name: _____

While out, I will be at: _____ at _____
(location / phone number) (time)

then at: _____ at _____
(location / phone number) (time)

Food / other allergies my child has: _____

Snack: _____ Time: _____
(what kind of snack?)

Bedtime: _____

Activities (books, toys, songs, etc.) my child likes are: _____

Emergency Contacts:

Baby's Doctor: _____ Phone Number: _____

Neighbor's name, address, phone number: _____

Other person to contact in case of emergency: _____

Notes: _____
