



Children's Daily Routine

Details of your child's "normal" daily routine:

Please provide as much information as possible to assist your child's primary carer; every attempt is made to follow your child's "normal" routine, however, please remember that this is not your child's "normal" environment so naturally their routine may change.

Child's Name: (first) (surname) Age:

Medical conditions / illness: Yes / No Specify:

Medication (Creams, Bonjella, Panadol, etc): Yes / No * If yes, a medication form must be completed daily

Name of medication / cream

1. 2. 3. 4.

* For Asthma and Anaphylaxis medication, an Action Plan must also be completed

Anaphylaxis Plan provided: Yes / No

Emergency Asthma Plan provided: Yes / No

Allergies: Yes / No Specify:

Currently Breast Fed: Yes / No If yes, please discuss daily with your child's primary carer

Approximate times: am: pm:

Bottles: Yes / No Formula / Full cream milk / Soy milk / Other

* If your child has formula, please provide prepared & labelled bottles to your child's Primary Carer.

Approximate times: am: pm:

Specific Bottle routine:

Water: Tap water / Boiled water / Other

Food: Eats any thing / puree only / some finger & mashed foods / other

Under 12mths – Please refer to our Babies Menu & list foods not tried:

Specific Food Routine:

Rest Times: Yes / No am: am: pm:

Bedtime Comforts: Yes / No Dummy / Blanket / Wrap / Soft toy / Bottle / Other

Specific Rest time routine:

Toileting Needs: Nappies / Toilet Trained / Offer toilet

Specific Toileting routine:

Please provide any other information to help us assist your child to enjoy their day:

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Permission for Day Care team members to:

1. Take photo's of your child's day: * Not for Advertising purposes Yes / No

2. To apply sunscreen to your child prior to their Private Ski Lesson: Yes / No / n/a

3. For your child to participate in Face Painting: Yes / No

Signature:

Today's Date: / /

Staff Section: Please initial upon check-in

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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