



Parent to complete

Child's Name _____
age _____

Date _____

Parent contact number _____

Arrival time _____ approx depart _____

Have you signed your child in?

Has your child had medication in the last 24 hours?
Yes _____ Time: _____ No _____

What/why?

Please complete a medication form if medication is required today

Breakfast required No Yes

 Weetbix Toast

(Please note this is served prior to 8:15am)

Allergies/diet restrictions-

Number of **bottles** brought from home _____

 Formula cows milk

Bottles to be given at the following times

Cows milk to be served with afternoon tea

Today's sleep times are

After lunch **OR**

1. _____

2. _____

Parents please apply sunscreen on or before arrival Done

Parent comment _____

Team to complete

	serves	menu
Breakfast Time-		Toast
AM tea Time- 930am		
Lunch Time- 1130am		
PM tea Time- 3pm		

Fluids

time	milk	comment

Water provided throughout the day

Sleep times

1. _____ to _____

2. _____ to _____

Nappy Changes

time	wet	soiled	dry	Changed by	comment

Sunscreen applied

Sunscreen reapplied

Supervisor signature time
