IN CASE OF EMERGENCY

MOMMY'S NAME	DADDY'S NAME	
CELL	CELL	
WORK	WORK	
EMERGENCY CONTACT	EMERGENCY CONTACT	
RELATIONSHIP	RELATIONSHIP	
PHONE	PHONE	
OUR HOME ADDRESS	NEAREST HOSPITAL + ADDRESS	
CROSS STREETS		
CITY EMERGENCY DISPATCH		
CITY NON-EMERGENCY LINE		



IN CASE OF EMERGENCY

POISON CONTROL LINE	
FIRST AID KIT LOCATION	
EMERGENCY SUPPLY LOCATION	
WHERE TO MEET IN AN EMERGENCY LOCATION 1	WHERE TO MEET IN AN EMERGENCY LOCATION 2
LOCAL EVACUATION CENTER	
URGENT CARE	
NOTES	



KIDS' MEDICAL CONTACTS

PRIMARY CARE PHYSICIAN
PHONE
ADDRESS
DENTIST
PHONE
ADDRESS
OPTOMETRIST
PHONE
ADDRESS
PHYSICIAN
PHONE
ADDRESS



MEDICAL RECORDS

CHILD	
DOB	
ALLERGIES	
MEDICATIONS	DOSAGE
HISTORY	
HISTORY	



DAILY ROUTINE

CHILD	
MORNING	
AFTERNOON	
NOTES	



SLEEP ROUTINE

WAKE	
ROUTINE	
NAP	
ROUTINE	
BED	
DOUTING	
ROUTINE	



MEALTIME ROUTINE

BREAKFAST	
ROUTINE + RULES	
LUNCH	
ROUTINE + RULES	
DINNER	
ROUTINE + RULES	



FAMILY ROUTINES + RULES

SCREEN TIME		
CLEAN UP		

