

WELLBEING

CHILD NAME																																																		
MEALS	MEAL	B	MT	L	AT	D	MEAL	B	MT	L	AT	D	MEAL	B	MT	L	AT	D	MEAL	B	MT	L	AT	D	MEAL	B	MT	L	AT	D	MEAL	B	MT	L	AT	D														
	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
BOTTLES	Time:					<input type="checkbox"/>	Time:					Amount:					Time:					Amount:					Time:					Amount:					Time:					Amount:								
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SLEEP/REST TIMES	Start:					Finish:					Start:					Finish:					Start:					Finish:					Start:					Finish:					Start:					Finish:				
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10 MINUTE SLEEP CHECK TIMES																																																		
NAPPIES/TOILETING	CHECKS	1st	2nd	3rd	4th	5th	6th	CHECKS	1st	2nd	3rd	4th	5th	6th	CHECKS	1st	2nd	3rd	4th	5th	6th	CHECKS	1st	2nd	3rd	4th	5th	6th	CHECKS	1st	2nd	3rd	4th	5th	6th	CHECKS	1st	2nd	3rd	4th	5th	6th								
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SUN-SCREEN	Time:					Time:					Time:					Time:					Time:					Time:					Time:					Time:														
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INSECT REPELLENT	Time:					Time:					Time:					Time:					Time:					Time:					Time:					Time:														
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COMMENTS																																																		

PERMISSIONS REQUIRED FOR SPRAYS AND CREAMS. IF ANY SECTION IS NOT APPLICABLE TO A CHILD (E.G. BOTTLES, SLEEP CHECKS), PLEASE CROSS OUT.