



# WHILE WE ARE OUT

**OUR CELL** \_\_\_\_\_

**OUR LOCATION** \_\_\_\_\_

**EXPECTED RETURN** \_\_\_\_\_

**PEDIATRICIAN** \_\_\_\_\_

**NEAREST HOSPITAL** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

## BED TIME ROUTINE

## FAVORITE THINGS

## OFF LIMITS

## NOTES

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