

My child's routine



Name: _____

Meal times

Does your child have any food allergies? Yes No

If yes, please list foods _____

Is your child anaphylactic Yes No

Do they have their Epi Pen or medication with them at Smartie Pants?

Yes No

Does your child have any other allergies (eg. Sun cream, medication)
(We use Coles brand sun cream)

Yes No

If yes, please list allergens _____

Toileting

Does your child use the toilet or use nappies? Toilet trained Nappies

If your child is toilet trained, do they require a nappy during sleep/rest time?

Yes No

Sleep/rest

Does your child have a sleep/rest during the day? Yes No

Does your child have any comforts during sleep/rest? (eg. Dummy, teddy, bottle)

Interests (favourite toys, activities, sports, hobbies)
