

# 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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