



Child's Name: \_\_\_\_\_

Main parent contact today:

\_\_\_\_\_

Date: \_\_\_\_\_ Woke up at : \_\_\_\_\_ A.M.

Last ate (w/ oz): \_\_\_\_\_ at \_\_\_\_\_ A.M.

Notes for teacher: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May child eat school food today? \_\_\_\_ Yes \_\_\_\_ No

Please indicate oz per bottle of B (breast milk), F (formula), or solids. If solids, please specify what you packed for that feeding.

Ex. \_\_\_\_\_ 5 oz F at \_\_\_\_\_ 9:00 A.M.

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_



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\_\_\_\_\_ at \_\_\_\_\_

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\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_