

## WHEN THE PARENTS ARE AWAY...

## GENERAL INFORMATION

Wake-up Time:

Morning Tasks (make bed, get dressed, brush teeth)

Bedtime:

Bedtime Tasks (pjs on, brush teeth, read 20 min)

EMERGENCY INFORMATION: PHONE #S/ ADDRESSES Pediatrician: Neighbor:

Pharmacy: Friend:

Kennel/Vet: Babysitter:

SCHOOL INFORMATION

Child 1: School Name/Phone/Address:

Child 2: School Name/Phone/Address:

CHILD 1
SPECIFIC INFO

School Drop Off (Time & Place):

School Pick Up (Time & Place):

Homework:

After School Activities:

CHILD 2
SPECIFIC INFO

School Drop Off (Time & Place):

School Pick UP (Time and Place:

Homework:

**After School Activities:** 

SPECIAL INSTRUCTIONS:

Medications/Allergies/Food Options

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