

Name: _____ Date: _____

Parents Comments: (Please indicate last bottle, wake up time and other information) _____

What I ate today:

Breakfast	
Morning Tea	x serve
Lunch	x serve
Dessert	x serve
Afternoon Tea	x serve
Supper	x serve

What I drank today:

Time:	Liquid:	Amount:

When I slept today:

From:	To:	

Staff Comments: _____

Name: _____ Date: _____

Parents Comments: (Please indicate last bottle, wake up time and other information) _____

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Lunch	x serve
Dessert	x serve
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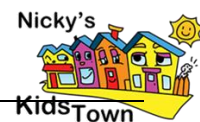
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