



# Today Only



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

Date of change: \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_ Needs medication.

- Complete the today slip and the Medication Form
- Turn both forms and medication in to staff member
- Take medication home at night

\_\_\_\_\_ Change in pick-up time. New Time: \_\_\_\_:\_\_\_\_

\_\_\_\_\_ Someone else to pick up.

Name of person picking up: \_\_\_\_\_.

Time picking up: \_\_\_\_:\_\_\_\_.

\_\_\_\_\_ Different emergency contact phone number for today only.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_.

\_\_\_\_\_ Absence/Vacation/Change of schedule.

\_\_\_\_\_  
\_\_\_\_\_.

Notes: \_\_\_\_\_.

Parent Signature \_\_\_\_\_



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Parent Signature \_\_\_\_\_