

# Grandparent's Checklist

Daily

## BASIC STUFF

### MEAL ONE

What s/he ate: \_\_\_\_\_

How s/he ate:  well  fair  not so great

Comments: \_\_\_\_\_

SNACKS: \_\_\_\_\_

### MEAL TWO

What s/he ate: \_\_\_\_\_

How s/he ate:  well  fair  not so great

CHILD'S NAME: \_\_\_\_\_

### NAPS

Went to sleep at: \_\_\_:\_\_\_ am/pm Woke: \_\_\_:\_\_\_ am/pm

Went to sleep at \_\_\_:\_\_\_ am/pm Woke: \_\_\_:\_\_\_ am/pm

Went to sleep at \_\_\_:\_\_\_ am/pm Woke: \_\_\_:\_\_\_ am/pm

### NAPPY CHANGE

Time: \_\_\_\_\_  Wet  Dry  Dirty

Time: \_\_\_\_\_  Wet  Dry  Dirty

Time: \_\_\_\_\_  Wet  Dry  Dirty

Time: \_\_\_\_\_  Wet  Dry  Dirty

Time: \_\_\_\_\_  Wet  Dry  Dirty

DATE: \_\_\_\_\_

### MOOD/ BEHAVIOUR:

\_\_\_\_\_

### PROBLEMS/CONCERNS:

\_\_\_\_\_

### SUPPLIES NEEDED:

\_\_\_\_\_

## IMPORTANT INFORMATION

POISONS CENTRE: \_\_\_\_\_

PAEDIATRICIAN INFORMATION: \_\_\_\_\_

MEDICATION & DOSAGE: \_\_\_\_\_

FOODS NOT ALLOWED: \_\_\_\_\_

EMERGENCY NUMBERS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_



## JOURNAL... *What happened today?*

Spiral notebook with lined pages for journaling.