

Daily Routine and Activities:

Daily Schedule:

Snacks and Meals: Please list specific dietary restrictions or requirements including any specialty formulas or thickeners needed.

Breakfast:	Notes:
Morning Snack:	Notes:
Lunch:	Notes:
Afternoon Snack:	Notes:
Dinner:	Notes:

Medications:

Medication Name:	Dosage:
Time(s) Administered:	Notes:

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Time(s) Administered:	Notes:

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Time(s) Administered:	Notes:

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Medication Name:	Dosage:
Time(s) Administered:	Notes:

Medication Name:	Dosage:
Time(s) Administered:	Notes:

School Activities:

Subjects/Classes:	
Notes:	

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Notes:	

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Extracurriculars:

Activity:

Time/Location:

Activity:	
Time/Location:	

Activity: Time/Location:

Therapy/Doctor Appointments:

Type of Appointment:	Location:
Time:	Notes:

Type of Appointment:	Location:
Time:	Notes:

Type of Appointment:	Location:
Time:	Notes:

Evening Routine:

Bath Time:	Notes:
Relaxation Activities:	Notes:
Bedtime:	Notes:

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Additiona	Notes:
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***Not**e: This Schedule provides space to record daily activities, along with optional time tracking and notes for each activity. You can customize and adapt this template according to your child's specific needs and preferences You can download additional schedules from our website at <u>www.inf2f.org</u>.

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