

Where we are going:		
How long:	First Day:	Last Day:
Flight/Travel information:	Airline:	
Leaving:		
Departure: Flight #:	Date:	Time:
Arrival: Flight #:	Date:	Time:
Coming Home:		
Departure: Flight #:	Date:	Time:
Arrival: Flight #:	Date:	Time:
Notes:		
Home Information:		
Home Address:		
City:	State:	Zip:
Home Phone #:		
Closest Cross Street:		



Important Phone #s:	Home	Cell
Mom		
Dad		
Kid 1		
Kid 2		
Kid 3		
Friend		
Friend		
Neighbor		
Neighbor		
Plumber		
Electricity Company		
Gas Company		
Phone Company		
Poison Control		
Emergency		



Doctor's Name:	
Phone #:	
Address:	
Hospital:	
Insurance Card:	ID #:
(attach a copy of insurance card)	Group #:

Birth Dates:	
Name:	Birth Date:
Name:	Birth Date:
Name:	Birth Date:

Medications:	Morning:	Night time:	Allergies:
Kid 1:			
Kid 2:			
Kid 3:			

Notes:



School Info:			
For:	Teacher Name:		
School Name:		District:	
School Hours:	Start:	End:	
School Address:			
School Phone #s:	Office:	Absence:	

School Info:			
For:	Teacher Name:		
School Name:		District:	
School Hours:	Start:	End:	
School Address:			
School Phone #s:	Office:	Absence:	

School Info:			
For:	Teacher Name:		
School Name:		District:	
School Hours:	Start:	End:	
School Address:			
School Phone #s:	Office:	Absence:	



Sports Info:	Date:	Time:
Practice for:		
Notes:	·	
Practice for:		
Notes:		
Game for:		
Notes:		
Game for:		
Notes:		
Hygiene, Bedtime & Chores	Who:	When:
Brush Teeth		
Shower/Bath		
Wake Time/Bed Time		
Reading		

Chore



Hygiene, Bedtime & Chores	Who:	When:
Chore		
Chore		
Chore		

Miscellaneous Info:	Who:	When:
Mail		
Trash Day		
Computer Passwords		
Video/Computer/TV rules		
Garage Code		



Meal Ideas:		
Breakfast	Lunch	Dinner

Restaurants Approved:		
Breakfast	Lunch	Dinner