



## Routines for Possums

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cultural Background \_\_\_\_\_ Families First Language: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

First Language: \_\_\_\_\_ First Language: \_\_\_\_\_

Welcome to the Possum Room. The Carer to child ratio in the Possum Room is a minimum of 1 staff member to 3 children. Please fill in this form to give us a guide to your child's daily routine. It will help us make your child's day at Bunya as close to homelike as possible.

### New Environments

How does your child respond to new situations? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

Has your child?

(i) Been cared for by someone else? \_\_\_\_\_

(ii) Attended another Child Care Centre? \_\_\_\_\_

### Medication Authority

Does your child have a medical condition (allergy, asthma, diabetes, other)?

Yes

No

Please list \_\_\_\_\_

Have you supplied a current medical action plan provided by your medical practitioner?

Yes

No

**Please be aware that if a child requires medication as outlined in the medical action plan, the medication must be at the Centre every day that the child attends.**

PTO



**Bottles**

Approx. Times \_\_\_\_\_am \_\_\_\_\_am \_\_\_\_\_pm \_\_\_\_\_pm

Amount .....mls                      Temperature ..... Cold    Warm    Very Warm

Formula \_\_\_\_\_ Other \_\_\_\_\_

**Sleep**

Approx. times \_\_\_\_\_am \_\_\_\_\_pm

Settling methods \_\_\_\_\_

Dummy                      Soft Toy                      Wrap/Blanket

Signs of Tiredness \_\_\_\_\_

**Food**

Approx. times \_\_\_\_\_am \_\_\_\_\_am \_\_\_\_\_pm \_\_\_\_\_pm

Consistency.....                      Puree                      Lumpy                      Normal

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies \_\_\_\_\_

Feeds Self                      Yes                      Trying                      No

**Security/Comfort**

What makes your baby happy when distressed?

\_\_\_\_\_  
\_\_\_\_\_

➤ **Nappy Cream** - Have you given us a signed permission note for your child?

Yes                      No

Anything else we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_