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| **Child’s Initials :** | |
| **Carer’s Name :** | |
|  |  |
| **Date** | **Comment** |
| *Comment on health / development / Wellbeing/ activities / family time/ visits / family events / celebrations/ incidents etc.* | |
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Please indicate if any of the following additional records have been recorded within the period covered by the dates above:

Medication Record Yes/No

Incident Report Yes/ No

Body Map Yes/ No

Missing From Care Record Yes/No

|  |  |
| --- | --- |
| Signature: | Date: |