

**UFCC FORM****SPECIAL INSTRUCTIONS RE: DIET/REST/EXERCISE**Umbrella Family  
and Child Centres  
of Hamilton*Please complete all relevant fields on this form.*

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

Special Instructions for: ☐ Diet ☐ Rest ☐ Exercise ☐ Other: \_\_\_\_\_

| Please describe requirements and/or special instructions to be followed: | Duration   |
|--|--|
|  | <input type="checkbox"/> ongoing<br><input type="checkbox"/> from _____ to _____ |
|  | <input type="checkbox"/> ongoing<br><input type="checkbox"/> from _____ to _____ |
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|  | <input type="checkbox"/> ongoing<br><input type="checkbox"/> from _____ to _____ |

|                          |            |       |
|--------------------------|------------|-------|
| Name of Parent/Guardian: | Signature: | Date: |
| Name of Supervisor:      | Signature: | Date: |

Last Revision Approved: August 27, 2019

Date of Next Review: August, 2020