## FCC/LFCC Child File Tracker

		Child Information		Health Appraisal		Parent Permissions		Medication Record		Accident / Injury		Infant Feeding	
Name of Child	D.O.B.	Complete	Exp. Date	Complete	Exp. Date	Complete	Exp. Date	Complete	Exp. Date	Complete	Exp. Date	Complete	Exp. Date
Notes:													