CHART 1

**Drinks Chart**

Child’s Name: …………………………. Date of Birth: …………………………...

Please circle  the picture when you have a drink

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mon** |  |  |  |  |  |  |
| **Tues** |  |  |  |  |  |  |
| **Wed** |  |  |  |  |  |  |
| **Thurs** |  |  |  |  |  |  |
| **Fri** |  |  |  |  |  |  |
| **Sat** |  |  |  |  |  |  |
| **Sun** |  |  |  |  |  |  |

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Healthy Together Continence Guidance V1