

Our Media Agreement

We talked about this together.

This is how we do it

Day	No Screen	Or minutes	Or this applies:
Monday	☐	___ min	
Tuesday	☐	___ min	
Wednesday	☐	___ min	
Thursday	☐	___ min	
Friday	☐	___ min	
Saturday	☐	___ min	
Sunday	☐	___ min	

No screens:

☐ At meals ☐ In bed ☐ Before sleeping ☐ _____

If something scares me or feels strange, I will say so.

Date: _____ Child: _____ Parent/Carer: _____