

Information for the Babysitter

Children's Name(s) & Age(s): _____

Parent's Name(s) & Cell Phone Number(s): _____

Home Address & Phone Number: _____

Parent's Current Location & Phone Number: _____

Emergency Contact (if parents can't be reached): _____

Hospital/Doctor Preference & Information: _____

Medication: Yes No _____

Bath/Shower: Yes No _____

Snack(s): Yes No _____

Dinner(s): Yes No _____

Approved Activities: _____

Unapproved Activities: _____

Routine/Schedule/Other Notes: