

**BABYSITTING CO-OP
PARENTAL CONSENT & CONTACT FORM**

This form is to be completed and signed by the child's parent or legal guardian. The signature of the parent or legal guardian indicates permission for the babysitter to follow and act in accordance with these instructions.

Name of Child: _____

Date of Birth & Age Today: _____

Parent(s) or Guardian(s) Names: _____

Phone Number to Reach You While You Are Away: _____

Emergency Contact Person's Name (someone local but not with you):

Emergency Contact Phone Number(s): _____

Child's Doctor Name & Phone Number: _____

Child's Health Insurance Information (Carrier & Policy Name):

Any Allergies: _____

Any Medications: (please give instructions if any meds to be given during the sit):
