

# 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: \_\_\_\_\_

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Medication:    Yes    No    \_\_\_\_\_

Bath/Shower:    Yes    No    \_\_\_\_\_

Snack(s):        Yes    No    \_\_\_\_\_

Dinner(s):      Yes    No    \_\_\_\_\_

Approved Activities: \_\_\_\_\_

\_\_\_\_\_

Unapproved Activities: \_\_\_\_\_

\_\_\_\_\_

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Routine/Schedule/Other Notes: