

# BABYSITTING CHECKLIST



We will be at: \_\_\_\_\_

Phone number: \_\_\_\_\_

We should be home around: \_\_\_\_\_



Parent: \_\_\_\_\_  Neighbor: \_\_\_\_\_

Parent: \_\_\_\_\_  Other: \_\_\_\_\_



In case of emergency: \_\_\_\_\_

\_\_\_\_\_



Reminders

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_



House rules

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_