

BABYSITTER INFORMATION SHEET

Home address: [Street Address, City, State ZIP]

Parent 1: [Name, cell phone]

Parent 2: [Name, cell phone]

Where we'll be: [Place, phone, expected return time]

Backup contact: [Name, relationship, phone]

EMERGENCY NUMBERS

Emergency: 911

Poison Help: 1-800-222-1222

Pediatrician: [Name, phone]

Nearest hospital: [Name, address]

KIDS

Name	Age	Allergies	Medications	Bedtime
[Name]	[0]	[None / list]	[None / dose and time]	[0:00]
[Name]	[0]	[None / list]	[None / dose and time]	[0:00]
[Name]	[0]	[None / list]	[None / dose and time]	[0:00]

MEALS AND SNACKS

[What and when, and what's off-limits]

BEDTIME ROUTINE

[Bath, books, night-light, comfort items]

HOUSE RULES

[Screen time, visitors, outside play, pets]

WHERE THINGS ARE

[First aid kit, flashlight, fire extinguisher, spare key]

WI-FI

[Network and password]