



BABYSITTER INFORMATION SHEET

1. I will be at:

2. My cell phone number is:

3. Poison Control: 1-800-222-1222

4. Emergency Phone List (In an emergency these people are available to help if I can not be reached.):

- _____

- _____

- _____

- _____

5. My Child(ren)'s DOCTOR is:

Doctor's Phone number:

6. HOME ADDRESS
(you are babysitting at):

7. The HOME PHONE NUMBER for this address:

8. MEDICATION Instructions:
(if needed)

(Name of Child/ Name of Medication/
Dosage/ Time(s) to be given)

- _____
- _____
- _____
- _____
- _____

9. My child(ren) is ALLERGIC to:
Name of Child/ Allergy

- _____
- _____
- _____
- _____
- _____
- _____

10. The fire extinguisher is located:

11. The first aid kit is located:

12. To disarm the SECURITY SYSTEM:

13. To arm the SECURITY SYSTEM:
