

BABYSITTING GUIDE – LIST FOR BABYSITTERS

EMERGENCY PHONE NUMBER: _____

FAMILY NAME: _____

HOUSE ADDRESS: _____

NEAREST CROSS STREET: _____

TOWN/CITY: _____

PHONE: _____

NEIGHBOR NAME: _____

PHONE: _____

CLOSEST RELATIVE: _____

PHONE: _____

WHERE YOU WILL BE: _____

PHONE NUMBER OF WHERE YOU CAN BE REACHED: _____

PAGER NUMBER: _____ CELL PHONE NUMBER: _____

TIME YOU EXPECT TO RETURN: _____

SPECIAL INSTRUCTIONS: _____

ALLERGIES THAT CHILDREN HAVE: _____

MEDICATIONS THAT CHILDREN TAKE & DOSAGE: _____

DOCTORS NAME: _____

PHONE NUMBER: _____

HOSPITAL: _____

CHILDREN'S BED TIMES: _____

CHILDREN'S FAVORITE TOYS, SONGS, MOVIES OR COMFORT ITEMS: _____

OTHER NOTES: _____
