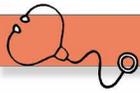


Ultimate Babysitter Checklist



FAMILY INFORMATION

Name: _____ Address: _____
We will be at: _____ Phone: _____
Mom Cell Phone: _____ Dad Cell Phone: _____
Emergency Contact Name: _____ Phone Number: _____
Neighbor Name: _____ Phone Number: _____
Child(ren) Names, Date of birth: _____



MEDICAL INFORMATION

Hospital Name: _____ Phone Number: _____
Pediatrician Name: _____ Phone Number: _____
Health Insurance Co.: _____ ID#: _____
Allergies, Medical Conditions, Medications: _____



NON-EMERGENCY INFO In an emergency call 911



HOUSE RULES

_____ Poison Control	_____ Bath Time Routine
_____ Fire Dept	_____ Bed Time Routine
_____ Police Dept	_____ Diaper Routine
_____ Where to find first aid kit	_____ TV/Screen Time Limitations
_____ Where to find fire extinguishers	_____ Food Choices
_____ Where to find flashlights, candles, etc.	_____ Snack Choices



MISCELLANEOUS INFORMATION

Veterinarian Name: _____ Phone Number: _____
Pet care instructions: _____
Instructions for operating electronics/wifi password: _____
Notes: _____
