



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**:

