

Babysitter Checklist

Where I'll be: _____

Phone # there: _____ I'll be back at: _____

If I can't be reached, call

Name: _____ Phone: _____

Important Information

Police: _____

This address: _____

Nearest cross-street: _____

Insurance: _____ Policy #: _____

House Keys are: _____ Car Keys are: _____

Garage Remote: _____

About the Child(ren)

Name/s: _____ Age/s: _____

Weight: _____ Height: _____

Medications: _____ Allergies: _____

Bedtime: _____

Other Information: _____

* PERMISSION IS GRANTED: Any licensed physician, dentist, or hospital may give necessary emergency medical service to my child at the request of the person bearing this form with note to the allergies, medications and other information listed above.

Signed: _____
(parent/guardian)

Date: _____