

BABYSITTER INSTRUCTIONS

Thanks for taking care of

Here's all the information you'll need!

WHERE TO FIND US

Where we'll be:	
Address:	
Phone:	
Cell phone:	
Date/time expected home:	

INSTRUCTIONS

Meals and snacks:	
Diapers:	
Activities:	
Bedtime schedule:	
Allergies:	
Medications:	
Hiding places:	
Favorite toys or games:	

ADDITIONAL INFORMATION

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MEDICAL EMERGENCY INFORMATION

Regular doctor (name and address):	Phone:
Emergency clinic (name and address):	Phone:
Neighbor or friend:	Phone:

We give you permission to authorize emergency medical care for our child(ren) as deemed necessary by a physician, and we will be responsible for full payment of such care.

YES NO CALL US FIRST

Signature

HOME EMERGENCY INFORMATION

Here's information you'll need in case you notice a break-in, fire, gas odor, flood, or electrical problem:

Police department:	911
Fire department:	
Our name and address:	Phone:
Nearest intersection:	
Gas company:	
Location of gas shut-off valve:	
Water company:	
Location of water shut-off valve:	
Electric company:	
Location of electrical breaker box:	

We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work.

YES NO CALL US FIRST

Signature