

BABYSITTER CHECKLIST

OUR HOUSE

WE LIVE AT: _____
NEAREST CROSS STREET: _____
NEIGHBOR'S NAME _____ CELL: _____
WI-FI INFORMATION _____

OUR CONTACT INFORMATION

NAME: _____ CELL: _____
NAME: _____ CELL: _____

EMERGENCY CONTACT INFORMATION

POISON CONTROL: ___ (800) 222-1222 ___ ALARM COMPANY: _____
POLICE/FIRE EMERGENCY: 911 NON-EMERGENCY _____
OTHER IMPORTANT PHONE NUMBERS _____
PEDIATRICIAN: _____ NUMBER: _____
VET: _____ NUMBER: _____

ABOUT OUR CHILDREN

NAME: _____ AGE: _____
ALLERGIES/SPECIAL INSTRUCTIONS _____
BED/NAP TIME _____

NAME: _____ AGE: _____
ALLERGIES/SPECIAL INSTRUCTIONS _____
BED/NAP TIME _____

NAME: _____ AGE: _____
ALLERGIES/SPECIAL INSTRUCTIONS _____
BED/NAP TIME _____

SPECIAL REQUESTS

FOOD: _____ TV: _____
OUTDOOR/INDOOR PLAY _____