



Babysitter Information Sheet

FORM 1

keep this form accessible and close to the phone to refer to it when necessary.

Section 1: Contact information

Full address of the home _____

Where will the parents be _____

Family name and home phone number _____

Phone number where they can be reached _____

Parents cell phone / pager number _____

What time the parents are expected home _____

Who to contact if parents can't be reached _____

Phone numbers for this person (home/cell) _____

Name and phone number of neighbor _____

Name and phone number of grandparents _____

The family doctor's name and number _____

EMERGENCY SITUATION – CALL 911 FIRST

Section 2: Children's information

1) _____	Age _____	Has allergies (yes) (no)	Is taking medication (yes) (no)
2) _____	Age _____	Has allergies (yes) (no)	Is taking medication (yes) (no)
3) _____	Age _____	Has allergies (yes) (no)	Is taking medication (yes) (no)
4) _____	Age _____	Has allergies (yes) (no)	Is taking medication (yes) (no)
5) _____	Age _____	Has allergies (yes) (no)	Is taking medication (yes) (no)

(Name of children) (Scratch out the answer which does not apply)

Information on allergies and medication

Childs name _____

If any of the children have allergies write down clearly what must not be eaten. If the babysitter must administer any medication, pre-measure the dosage before leaving and record what time it must be given. If more than one child suffers from allergies or requires medication, flip the page over and write it down in the same format as above. **Warning!** Administering drugs is a serious responsibility and a babysitter should not be required to do so unless absolutely necessary.