



BABYSITTER'S CHECKLIST

Where I can be reached:

Location:

Phone Number:

I expect to be home at this time:

Who to call if you can't reach me:

Name:

Name:

Phone Number:

Phone Number:

What [child] can eat and when:

What [child] cannot eat:

What [child] can watch on TV:

What [child] cannot watch on TV:

Things [child] likes to do:

Things not allowed:

Bedtime:

In case of discipline problems:

In Case of Emergency:

Our 911 address is

Our closest major intersection is

Our closest neighbor you can contact in an emergency:

Name:

Phone Number:

Address:

[Child]'s Doctor Name, Address, and Phone Number

Closest Hospital and Directions Hospital ER Phone Number

[Child]'s Insurance Information
Provider

Group ID#

Insured's Name and ID#

Policy ID#

Emergency Treatment Release

Child's Name:

Birthdate:

Any licensed physician, dentist or hospital may give necessary emergency medical service to my child (YOUR CHILD'S FULL NAME) at the request of the person bearing this consent form."

Signature of Parent or Legal Guardian

Dates of Release