

INFORMATION SHEET for the BABYSITTER

Contact Information

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

Kids' Information

NAME: _____

AGE: ___ DOB: _____ WEIGHT: ___

ALLERGIES: _____

NAME: _____

AGE: ___ DOB: _____ WEIGHT: ___

ALLERGIES: _____

NAME: _____

AGE: ___ DOB: _____ WEIGHT: ___

ALLERGIES: _____

NAME: _____

AGE: ___ DOB: _____ WEIGHT: ___

ALLERGIES: _____

Home Information

ADDRESS: _____

HOME PHONE: _____

BREAKER PANEL: _____

FIRST AID KIT: _____

GAS VALVE: _____

WATER VALVE: _____

CASH STASH: _____

WIFI PASSWORD: _____



FIRE DEPT



POLICE



HOSPITAL



POISON CONTROL

call 911 for emergencies



Notes