

Ultimate Babysitter Checklist



FAMILY INFORMATION

Name: _____ Address: _____
We will be at: _____ Phone: _____
Mom Cell Phone: _____ Dad Cell Phone: _____
Emergency Contact Name: _____ Phone Number: _____
Neighbor Name: _____ Phone Number: _____
Child(ren) Names, Date of birth: _____



MEDICAL INFORMATION

Hospital Name: _____ Phone Number: _____
Pediatrician Name: _____ Phone Number: _____
Health Insurance Co.: _____ ID#: _____
Allergies, Medical Conditions, Medications: _____



NON-EMERGENCY INFO

In an emergency
call 911

_____ Poison Control
_____ Fire Dept
_____ Police Dept
_____ Where to find first aid kit
_____ Where to find fire extinguishers
_____ Where to find flashlights, candles, etc.



HOUSE RULES

_____ Bath Time Routine
_____ Bed Time Routine
_____ Diaper Routine
_____ TV/Screen Time Limitations
_____ Food Choices
_____ Snack Choices



MISCELLANEOUS INFORMATION

Veterinarian Name: _____ Phone Number: _____
Pet care instructions: _____
Instructions for operating electronics/wifi password: _____
Notes: _____
