# **BABYSITTER** INSTRUCTIONS

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| Thanks for taking care of[NAME(S) OF CHILD(REN]Here’s all the information you’ll need! | Click on graphic above to insert a picture. Delete placeholders that are not needed. |
| WHERE TO FIND US |  |
| Where we’ll be: |  |
| Address: |  |
| Phone: |  |
| Date/time expected home: |  |
|  |  |
| instructions |  |
| Meals and snacks: |  |
| Diapers: |  |
| Activities: |  |
| Bedtime schedule: |  |
| Allergies: |  |
| Medications: |  |
| Hiding places: |  |
| Favorite toys or games: |  |

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| ADDITIONAL INFORMATION |
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| MEDICAL EMERGENCY INFORMATION |  |
| Regular doctor (name and address): |  |
| Phone: |  |
| Emergency clinic (name and address): |  |
| Phone: |  |
| Neighbor or friend: |  |
| Phone: |  |
| **We give you permission to authorize emergency medical care for our child(ren) as deemed necessary by a physician, and we will be responsible for full payment of such care.** | **Yes  No  Call us first**  Signature: |
|  |  |
| HOME EMERGENCY INFORMATION | Here’s information you’ll need in case you notice a break-in, fire, gas odor, flood, or electrical problem: |
| Police: 911 | House address: [Address] |
| Fire department: [Phone number] | House phone number: [Phone number] |
| Gas company: [Name and phone number] | Nearest intersection: [Intersection] |
| Electric company: [Name and phone number] | Location of electrical breaker box: [Location] |
| Water company: [Name and phone number] | Location of water shut-off valve: [Location] |
| Neighbor or homeowner association contact: [Name and phone number] | Location of gas shut-off valve: [Location] |
| Our names: [Names] |  |
| **We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work.** | **Yes  No  Call us first**  Signature: |