



BABYSITTER INFORMATION SHEET

Child/ren's Name/s:
Age/s:
Parent(s) contact address:
Parent(s) contact telephone number:
Alternative telephone number:
Family member:
Family member telephone number:
Neighbour:
Neighbours telephone number:
Ambulance telephone number:
Fire department telephone number:
Police telephone number:
Poison Control Centre:
Pediatrician:
Family doctors name:
Family doctors telephone number:

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Local hospital telephone number:
Family dentist's name:
Family dentists telephone number:
This address:
This telephone number:
INSTRUCTIONS
Medicine
Is child on medication?
Ailment:
Method of administration:
Give medication at:
SPECIAL INSTRUCTIONS
Bed Time:
Eat Time:
Drink Time:
Bath Time:
Toilet Time:
Story/Songs:
Lights Off Time:
How to operate equipment:

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Nappy instruction:
Formula instruction:
Toilet training method:
Feeding instruction:
Dummy?
AFTER PARENTS LEAVE
TV/Video?
Suitable activities:
Unsuitable activities:
Behavior management:
Phone calls & visitors
Answer machine/ service?
Take a message?
Tell the caller parent(s) are in/out?
PETS
In/out of house?
Feeding instructions:
Sleeping instructions:
Additional instructions:

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SITTER RULES	
Food - allowed to help self?	
Smoking?	
Alcohol?	
Personal phone calls?	
Accompanying friend?	
EMERGENCY - PLAN OF ACTION	
Location of Torches:	
Location of Fuse Box:	
Location of Emergency supplies:	
Location of First Aid kit:	
In case of an emergency leave all the relevant information your child will require:	
Child's name:	
Date of birth:	
Allergies	
General health	
Medication	
Medicare number:	