

The Me Time Babysitter's Checklist

Everything you need to know all in one place!

Mother's Name: _____ Child's Name: _____

Mother's Phone #: _____ Child's Age: _____ Height: _____

Father's Name: _____ Weight: _____

Father's Phone #: _____

Where I'll be: _____ Child's Name: _____

_____ Child's Age: _____ Height: _____

When I'll be back _____ Weight: _____

This Address: _____ Child's Name: _____

Emergency Contact: _____ Child's Age: _____ Height: _____

Emergency Contact #: _____ Weight: _____

Local Police #: _____

Snacks/When: _____

Bedtime: _____

Activities/When: _____

Other Instructions: _____

Medical Info:

Medications (who, what, & when) : _____

Allergies (who & what): _____

Doctor's Name & phone #: _____

***Permission Granted:** Any licensed physician, doctor, dentist, or hospital may give necessary emergency service to my child at the request of the person bearing this form with note of the allergies and medications and other information listed on this form.

Signed: _____

(Parent/Guardian)

Date: _____