

Babysitter Information Sheet

Emergency numbers and contacts — keep this page on the fridge



EMERGENCY (US): 911

Poison Help: 1-800-222-1222 (free, 24/7).

HOME ADDRESS + CROSS STREET (FOR 911)

In an emergency, call 911 first — then call the parents. When unsure, call. In a fire, get everyone out, go to the meeting spot and call 911 from a neighbor's or a mobile phone.

PARENTS TONIGHT

PARENT / GUARDIAN

MOBILE

TEXT OR CALL?

SECOND PARENT / GUARDIAN

MOBILE

TEXT OR CALL?

WHERE WE WILL BE

PHONE THERE

HOME BY

DATE

IF YOU CANNOT REACH US, CALL

NEARBY ADULT / NEIGHBOR

RELATIONSHIP

PHONE

SECOND BACKUP

RELATIONSHIP

PHONE

MEDICAL

PEDIATRICIAN

PHONE

NEAREST HOSPITAL / URGENT CARE

PHONE

CRITICAL ALLERGIES / MEDICAL ALERTS (DETAILS ON PAGE 2)

UPDATED

SAFETY

MEETING SPOT OUTSIDE (FIRE)

FIRST-AID KIT + FLASHLIGHT ARE

NOTES FOR THE SITTER TONIGHT

Child Information

One block per child — print another page for more children



<div>PHOTO</div>	NAME		NICKNAME	
	_____		_____	
	DATE OF BIRTH	WEIGHT (LB / KG)	UPDATED	AGE / GRADE
	_____	_____	_____	_____
ALLERGIES (FOOD, MEDICINE, INSECT, OTHER)				

MEDICAL CONDITIONS / SPECIAL NEEDS (PARENTS FILL IN)				

COMFORT ITEMS + WHAT CALMS THEM			FEARS / TRIGGERS	
_____			_____	
FAVORITE THINGS + ANYTHING ELSE TO KNOW				

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	_____		_____	
	DATE OF BIRTH	WEIGHT (LB / KG)	UPDATED	AGE / GRADE
	_____	_____	_____	_____
ALLERGIES (FOOD, MEDICINE, INSECT, OTHER)				

MEDICAL CONDITIONS / SPECIAL NEEDS (PARENTS FILL IN)				

COMFORT ITEMS + WHAT CALMS THEM			FEARS / TRIGGERS	
_____			_____	
FAVORITE THINGS + ANYTHING ELSE TO KNOW				

Tonight's Plan & House Rules

Fill in before each visit and walk through it together



VISIT DATE

PARENTS LEAVE

HOME BY

TIME	WHAT HAPPENS (DINNER, BATH, BOOKS, BED)	WHICH CHILD

FOOD + MEDICINE

DINNER + SNACKS ALLOWED

NOT ALLOWED

MEDICINE TONIGHT (WHICH CHILD, WHAT, AMOUNT, WHEN)

LAST DOSE GIVEN AT

Never give any medicine unless the parents have written it on this page or attached the child's written medication or allergy action plan. Give it exactly as written and record every dose on the sitter's report. Do not change a dose: call the parents or the doctor with any question.

HOUSE RULES

SCREEN TIME (WHAT + HOW LONG)

ROOMS / AREAS OFF-LIMITS

OUTSIDE / LEAVING THE HOUSE?

VISITORS ALLOWED?

HOW WE HANDLE TOUGH MOMENTS (OUR WORDS, CALM-DOWN IDEAS)

Sitter's Report

Sitter: fill this in at the end of the visit, one row per child



DATE	SITTER	FINISHED AT	PARENTS HOME AT

CHILD	ATE (WHAT + WHEN)	ASLEEP AT	DIAPERS / POTTY	MEDICINE GIVEN (WHAT, AMOUNT, TIME)

WHAT WE DID	MOOD

ANYTHING ELSE PARENTS SHOULD KNOW (BUMPS, WORRIES, MESSAGES)