BABYSITTER’S CHECKLIST

CHILD’S NAME AND AGE: ____________________________________________

BEDTIME: _________________________________________________________

HOUSE RULES: ____________________________________________________

KNOWN ALLERGIES: ________________________________________________

MEDICATIONS: _____________________________________________________

EMERGENCY NUMBERS:

PARENTS’ CELL PHONE #: ________________________________

PARENTS’ WORK PHONE #: ________________________________

ALTERNATE EMERGENCY CONTACT INFO: ____________________________

DOCTOR’S NAME AND PHONE #: ________________________________

IN CASE OF EMERGENCY: CALL 911

POISON CONTROL CENTER: (800) 222-1222

ST. ANTHONY COMMUNITY HOSPITAL: 986-2276