

Baby Sitter Information

Address there sitter will watching the children: _____

Nearest intersection street to the home: _____

The phone number the baby sitter will be at: _____

Parents will be at: _____ Phone: _____

Parent's cell phone: _____

Approximate time of return: _____

1

Child's name: _____ Age: _____

Child's weight: _____ Allergies: _____

Medications: _____

2

Child's name: _____ Age: _____

Child's weight: _____ Allergies: _____

Medications: _____

3

Child's name: _____ Age: _____

Child's weight: _____ Allergies: _____

Medications: _____

Special information: _____
