Baby Sitter's Checklist

Parents
address: _____
telephone (home): _____
telephone (business):_____

Name of children:
_____ age: _____
_____ age: _____
_____ age: _____
_____ age: _____

Can be reached at: _____
_____

Will return at: _____

Pediatrician
address: _____
telephone: _____

Hospital
address: _____

Neighbor
address: _____
telephone: _____

Police: _____

Fire Department: _____

Bed times: _____

Meal (or snack) time:_____

TV rules for children:_____
_____
_____

Telephone messages
caller's name: _____
message: _____
_____
_____

Caller's name: _____
message: _____
_____
_____

SPECIAL INSTRUCTIONS:

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