

BABYSITTING CHECKLIST



We will be at:

Phone number:

We should be home around:.....



Parent:..... Other.....

Parent:..... Other.....



In Case of an Emergency:.....

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Reminders

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House rules

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Child's name:.....

Age:.....

Allergies:

Medications:

Child's name:.....

Age:.....

Allergies:

Medications:

Child's name:.....

Age:.....

Allergies:

Medications:

Child's name:.....

Age:.....

Allergies:

Medications:

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