

On The Job Information

Child and Babysitting Safety

Family name _____

Job Address _____

Primary Phone _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Which Parent to Call First: _____ Parent Expected Home _____ am/pm

Any visitors/deliveries expected? Yes No Details _____

Has anything changed since I was last here? _____

Okay to go outside? Yes No Details _____

Child's Name _____ Age _____

Medical Conditions/Medications _____

Child's Name _____ Age _____

Medical Conditions/Medications _____

Child's Name _____ Age _____

Medical Conditions/Medications _____

Meals/Food Prep Details _____

Anything else I need to know for today? _____

Emergency Contact Information

Emergency: 911

Poison Help Line: 1-800-222-1222

If a parent/guardian cannot be reached:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Doctor Name _____ Doctor Phone _____

Insurance Provider _____

Member Number _____ Subscriber Name/Birthdate _____

In case of emergency, _____ (babysitter's name) has my consent to activate emergency services or seek and obtain medical care for the safety and health of my child(ren) listed above.

Print name (parent or guardian): _____

Sign _____ Date _____