



Babysitter Information:

be:

Our Address: _____

Home Phone: _____

Where we will

Location: _ -

The Phone #:

Our cell #'s:

Emergency Numbers

Poison Control #: _____

Hospital: _____ # _____

Pediatrician: _____ # _____

Neighbor: _____ # _____

Special notes:



Acceptable snacks:



Favorite activities:



Favorite books/movies:



Nap/bedtime:

Allergies:

Name: _____

is allergic to: _____

Special Instructions:

Name: _____

is allergic to: _____

Special Instructions:

