

BABYSITTER'S CHECKLIST

Parents' Names _____

Address/City _____

Telephone Number _____

Children (First name or nickname)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Where can parents be reached?

Time expected to return: _____

Emergency Telephone Numbers:

Police _____

Fire _____

Doctor (name and phone number): _____

Hospital _____

Poison Control _____

Neighbor _____

Relative _____

Discuss the following details with the parents:

Meals / snack time

Medicine / allergies

Burglar alarm

Home fire escape plan

Appliances and their operation

Smoke detectors / fire extinguishers

Bedtime / naptime

Rules for TV / toys

First aid supplies

Possible safety hazards

Pets