



H O M E S T Y L E

Babysitter Reference Sheet

Contact Information

Emergency Numbers:

General Emergency: _____

Poison Control: _____

Local Fire: _____

Local Police: _____

Local Taxi: _____

Nearest

Emergency Room: _____

Our Doctor: _____

Phone: _____

Additional

Contact Person: _____

Address: _____

Phone: _____

Our Numbers:

Address: _____

Cross Street: _____

Home Number: _____

Mobile Number: _____

Where we'll be:

About the Children

Name: _____ Age: _____ Allergies: _____

Medical Conditions: _____

Tantrum Inducers: _____ Meal Time Info: _____

Bedtime Routine: _____

Additional Notes: _____

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