Babysitter Information Sheet

Where I will be: _____

Phone number to reach me: _____

IF YOU CANNOT REACH ME

Contact name: _____ Contact phone number: _____

Contact name: _____ Contact phone number: _____

In an emergency call 911

HOME INFORMATION

Family Name: _____

Phone: _____

Address: _____

ABOUT THE CHILD(REN)

Name: _____

Date of Birth: _____

Age: _____

Other Information (allergies, medications, etc.):

_____

_____

_____

Name: _____

Date of Birth: _____

Age: _____

Other Information (allergies, medications, etc.):

_____

_____

_____

PEDIATRICIAN

Name: _____

Phone: _____

Address: _____

CLOSEST HOSPITAL

Name: _____

Phone: _____

Address: _____

INSURANCE INFORMATION

Provider: _____

Name of Insured: _____

Group number: _____

Policy number: _____

EMERGENCY TREATMENT RELEASE

Child's Name: _____

Date of Birth: _____

I, _____ , hereby authorize any licensed physician, dentist, or hospital to give necessary emergency medical services to my child, _____ , at the request of the person bearing this consent form.

_____ _____

Signature of Parent or Legal Guardian Date(s) of Release