

# Babysitter's Job Information Sheet

*Use one form per child. Keep form up-to-date and give to EMS/fire/police in emergency*

Job Address: \_\_\_\_\_

Directions: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

## GUARDIAN INFORMATION

Title: Mr./Mrs./Ms.

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

and/or

Title: Mr./Mrs./Ms.

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## MEDICAL HISTORY *(Please check the following that apply)*

☐ Asthma ☐ Diabetes ☐ Vision Problems ☐ Seizures ☐ Hemophilia

☐ Hearing Loss ☐ Respiratory ☐ Cardiovascular ☐ Bee Sting Allergy

☐ Digestion ☐ Urinary ☐ Kidney ☐ Physical limitations

Allergies: \_\_\_\_\_

Restricted activities: \_\_\_\_\_

Prescription medication: \_\_\_\_\_

Children's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company, Group Number, and ID Number: \_\_\_\_\_

**POISON HELP: 1-800-222-1222**

## SPECIAL INSTRUCTIONS:

Bedtime Routine: \_\_\_\_\_

Meals/Snacks: \_\_\_\_\_

Discipline Techniques: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY CARE

If the parents/guardians named on this sheet cannot be reached at the time of an emergency, and if medical observation or treatment is urgent, I hereby authorize the child to be transported via ambulance to the most appropriate hospital.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please reproduce and use this form!*

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