



SITTER CHECKLIST

Write your important information for the sitter each time a sitter comes to your home. Remember, the more information you give the sitter, the better prepared they will be to care for your little ones.

My Name _____

Cell Phone Number _____

While out, I can be located at _____
(location / phone number)

I will return at _____
(time)

If I cannot be reached, call _____ / _____
(Name) (Phone Number)

IN CASE OF EMERGENCY DIAL 911

Doctor Name _____ Phone _____

Neighbor's Name, Address & Phone _____

Home Address _____

Nearest Cross Street _____

Insurance Carrier _____ Policy # _____

Children's Hospital of Philadelphia Poison Control

1-800-222-1222

www.sitterselect.com

(267) 670-1857

Child's Name _____ Age _____ Weight ____ Height _____
Allergies _____ Bath: Yes No Bedtime _____
Medications & Dosage Schedule _____
Favorite Activities (Books, Toys, Games, Songs, etc.) _____

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*PERMISSION IS GRANTED: Any licensed physician, dentist, or hospital may give necessary emergency medical service to my child at the request of the person bearing this form with note to the allergies, medications and other information listed above.

Signed _____
(Parent/ Guardian)

Date _____