# MCj02979070000[1]Babysitter Instructions

|  |  |
| --- | --- |
| Thanks for taking care of [Name(s) of Child(REN)]Here’s all the information you’ll need! |  |

## Where to find us

|  |  |
| --- | --- |
| Where we’ll be: |  |
| Address: |  |
| Phone: |  |
| Cell phone: |  |
| Date/time expected home: |  |

## Instructions

|  |  |
| --- | --- |
| Meals and snacks: |  |
| Diapers: |  |
| Activities: |  |
| Bedtime schedule: |  |
| Allergies: |  |
| Medications: |  |
| Hiding places: |  |
| Favorite toys or games: |  |

## Additional information

|  |
| --- |
|  |

## medical emergency information

|  |  |
| --- | --- |
| Regular doctor (name and address): | Phone: |
|  |  |
|  |  |
| Emergency clinic (name and address): | Phone: |
|  |  |
|  |  |
| Neighbor or friend: | Phone: |
|  |  |

We give you permission to authorize emergency medical care for our child(ren) as deemed necessary by a physician, and we will be responsible for full payment of such care.

YES NO CALL US FIRST

Signature

## Home emergency information

Here’s information you’ll need in case you notice a break-in, fire, gas odor, flood, or electrical problem:

|  |  |
| --- | --- |
| Police department: |  911 |
| Fire department: |  |
| Our name and address: | Phone: |
|  |  |
|  |  |
| Nearest intersection: |  |
| Gas company: |  |
| Location of gas shut-off valve: |  |
| Water company: |  |
| Location of water shut-off valve: |  |
| Electric company: |  |
| Location of electrical breaker box: |  |

We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work.

YES NO CALL US FIRST

Signature