

# Parent Checklist



You are babysitting for:

The \_\_\_\_\_ Family

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Where We Will Be**

Place \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Time Returning \_\_\_\_\_

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## Emergency Numbers

**Local Fire and Police Department**

**911**

**National Poison Control Center**

**1-800-222-1222**

Nearest Neighbor/Relative \_\_\_\_\_

Family Doctor \_\_\_\_\_

Nearest Emergency Room \_\_\_\_\_

## Where are these located?

Fire Extinguisher \_\_\_\_\_

Emergency Supplies \_\_\_\_\_

## Job Details

Mealtime

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Bath-time Instructions

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Bed-time

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**Child Information**

Name

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Age

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Birth date

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Height

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Weight

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Hair Color

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Eye Color

---

Allergies

---

Medications

---

Other

---

---

Name

---

Age

---

Birth date

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Height

---

Weight

---

Hair Color

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Eye Color

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Allergies

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Medications

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Other

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