Babysitter Journal

www.allergyfreetable.com

Messages					
Name				☐ Phone	☐ Visitor
Call Back Number		Time			
Message					
Name				☐ Phone	☐ Visitor
Call Back Number		Time			
Message					
Name				☐ Phone	☐ Visitor
Call Back Number		Time			
Message					

Food			
Time of most recent meal?		Time of most recent snack?	
Foods eaten?			
Any issues with food? Refused to eat? Ate something they were not supposed to? Ate too little, too much? Any reactions to food?			

Safety / Sickness	
Any injuries? Falls? Cuts? Bruises? Explain:	
Any sickness? Complaints about not feeling well or sick? Symptoms?	

Household / Behavior	
Any behavior issues, good or not so good?	
Did anything break, or did you notice anything broken? (Toys, electronics, appliances etc.)	

Sleep							
Child's Name		Bedtime		Naptime Start		Naptime End	
Child's Name		Bedtime		Naptime Start		Naptime End	
Child's Name		Bedtime		Naptime Start		Naptime End	

Medicine						
Child's Name	Medicine	Time	Medicine	Time	Medicine	Time
Any reactions to medicine?						

Other Comments