

photo

Babysitter Checklist

www.allergyfreetable.com

In an Emergency Dial 911		
Our address		Closest Cross Street
Our Home Phone #		Hospital of Choice
Poison Control #		

Child's Information				
Child's Name		Medications	Time	Dosage
Age				
Blood Type				
Medication Allergies				
Food Allergies				
Other Allergies				
Medical Conditions				

Parent's Contact Information	
Father's Mobile #	
Mother's Mobile #	
Location	
Phone # at Location	
Expected time of return	

Alternative Contact Information	
Name	
Phone #	
Location	
Spare house keys location	

Family's Doctor Information	
Name	
Phone #	
Address:	

Insurance Information	
Provider	
Insured Name	
Group ID#	
Policy ID#	

Other Instructions	
What can child eat and when	
Bedtime Routine	
Activities Child likes to do	
Activities Not allowed	



Child's Information				
Child's Name				
Parent or Guardian's Name				
Age		Blood Type		Weight
Medication Allergies				
Food Allergies				
My child carries an <input type="checkbox"/> EpiPen, <input type="checkbox"/> Twinject for treatment of allergic reactions due to food allergies				
Other Allergies				
Medical Conditions / History				
Current Medications				
Date of last Tetanus Shot				



Child's Information				
Child's Name				
Parent or Guardian's Name				
Age		Blood Type		Weight
Medication Allergies				
Food Allergies				
My child carries an <input type="checkbox"/> EpiPen, <input type="checkbox"/> Twinject for treatment of allergic reactions due to food allergies				
Other Allergies				
Medical Conditions / History				
Current Medications				
Date of last Tetanus Shot				