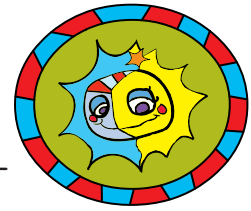


# Babysitter INFORMATION Guide



Where I can be reached:

Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who to call if you can't reach me:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What [child] can eat and when: \_\_\_\_\_ What [child] cannot eat: \_\_\_\_\_

What [child] can watch on TV: \_\_\_\_\_ What [child] cannot watch on TV: \_\_\_\_\_

Things not allowed: \_\_\_\_\_

Bedtime: \_\_\_\_\_ In case of discipline problems: \_\_\_\_\_

In Case of Emergency:

Our **911** address is \_\_\_\_\_ Our closest major intersection is \_\_\_\_\_

Our closest neighbor you can contact in an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
[child]'s Doctor Name, Address, and Phone Number

\_\_\_\_\_  
Closest Hospital and Directions

\_\_\_\_\_  
Hospital ER Phone Number

\_\_\_\_\_  
[child]'s Insurance Information

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Group ID#

\_\_\_\_\_  
Insured's Name and ID#

\_\_\_\_\_  
Policy ID#

Emergency Treatment Release

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Any licensed physician, dentist or hospital may give necessary emergency medical service to my child (YOUR CHILD'S FULL NAME) at the request of the person bearing this consent form."

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Dates of Release

