

Babysitter Information Sheet

planners

Date: _____

Everything a sitter needs, on one page, before you walk out of the door.

Name: _____

Date: _____

Where we are

Parent / carer name

Mobile

Where we will be

Back by

If you cannot reach us

Second contact

Mobile

Neighbour / nearby

Mobile

The children

Name	Age	Bedtime	Allergies / medical

Routine - tea, bath, bed

House notes - alarm, pets, what is out of bounds

In an emergency

Doctor / surgery

Emergency number