

Babysitter's Job Information Sheet

Use one form per child. Keep form up to date and give to EMS / fire / police in an emergency.

Job Address: _____

Directions: _____

Phone Number: _____

Child's Name: _____ Birthdate: _____

▶ Guardian Information

Title: Mr. Mrs. Ms.

Title: Mr. Mrs. Ms.

Name: _____

Name: _____

Phone: _____

Phone: _____

▶ Medical History *(Please check the following that apply)*

- | | | | | |
|---------------------------------------|--------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Bee Sting Allergy | |
| <input type="checkbox"/> Digestion | <input type="checkbox"/> Urinary | <input type="checkbox"/> Kidney | <input type="checkbox"/> Physical Limitations | |

Allergies: _____

Restricted Activities: _____

Prescription Medication: _____

Child's Doctor: _____ Phone: _____

Health Insurance Company, Group Number and ID Number: _____

▶ Poison Help: 1-800-222-1222

▶ Special Instructions

Bedtime Routine: _____

Meals / Snacks: _____

Discipline Techniques: _____

▶ Authorization for Emergency Care

If I (the parents/guardian name on this sheet) cannot be reached at the time of an emergency, and if medical observation or treatment is urgent, I hereby authorize the child to be transported via ambulance to the most appropriate hospital.

Parent / Guardian Signature: _____ Date: _____

Please reproduce and use this form!