

Emergency Numbers Emergency Services:

Relative:

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Tip: - Print out this form for your babysitter.

PARENT / BABYSITTER NOTES

DATE:

Family Details	
Parent Names:	
Child's Name:	Childle Associ
Critta's Name.	Child's Age:
Family Address:	Home Phone Number:
Where Parents Will Be	
Location:	Phone Number:

Parent Mobile #1:

Friend:

Parent Mobile #2:

Neighbour:



Safety Reminder Checklist	
First Aid Kit	Other Important Safety Information
Fire Extinguisher	
Alarm System	
Torch/Candles	
Electricity/Mains	
Parents' Instructions	Babysitter's Comments
Medications/Special Needs	
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Meal/Snack Time	
Meat/ Shack Time	
Bed Time	
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Nappy/Toilet Training	
Discipline	
Play	
Talandalan (D) (D	
Television/DVD	
Visitors	
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Off Limit Areas	
BABYSITTERS FEEDBACK	