

# SUPER SITTERS FAMILY CHECKLIST

- Make copies of this form and fill one out for every family you babysit for.
- Put it in your babysitting notebook and take it with you every time you babysit.
- Use a pencil and update it each time you babysit.

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Nearest Cross Street \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

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Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Any allergies, recent illnesses, or health concerns I need to know about? \_\_\_\_\_

## EMERGENCY CONTACTS AND IMPORTANT NUMBERS

**In an emergency, call 9-1-1.** Stay on the line and hang up only when told to do so.

1) Name \_\_\_\_\_ Number \_\_\_\_\_

2) Name \_\_\_\_\_ Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Number \_\_\_\_\_

Insurance Information \_\_\_\_\_

Dentist \_\_\_\_\_ Number \_\_\_\_\_

Insurance Information \_\_\_\_\_

[www.supersitters.org](http://www.supersitters.org)

# HOUSE RULES AND SUGGESTIONS

Bed/Nap Times \_\_\_\_\_

Bedtime Rituals \_\_\_\_\_

Special Comfort Measures \_\_\_\_\_

How to Handle Arguments \_\_\_\_\_

Meal Times and Suggestions \_\_\_\_\_

TV/Game/Electronic/Computer Use \_\_\_\_\_

## WHERE ARE -- ?

Clothes/Diapers \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_ Flashlight \_\_\_\_\_

First Aid Kit \_\_\_\_\_ Electrical Panel \_\_\_\_\_ Other \_\_\_\_\_

## DO I NEED TO KNOW HOW TO OPERATE -- ?

Phone \_\_\_\_\_ Door Locks \_\_\_\_\_ Computer \_\_\_\_\_

Garage Door \_\_\_\_\_ Security System (Burglar Alarm) \_\_\_\_\_

Thermostat \_\_\_\_\_ TV/VCR/DVD \_\_\_\_\_ Other \_\_\_\_\_

### **Permission is Granted**

Any licensed physician, dentist, or hospital may give necessary emergency medical service to my child(ren) at the request of the person bearing this form with note to allergies, medications, and other information listed above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_