



H O M E S T Y L E

# Babysitter Reference Sheet

## Contact Information

### Emergency Numbers:

General Emergency: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Local Fire: \_\_\_\_\_

Local Police: \_\_\_\_\_

Local Taxi: \_\_\_\_\_

Nearest

Emergency Room: \_\_\_\_\_

Our Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Our Numbers:

Address: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### Where we'll be:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## About the Children

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Tantrum Inducers: \_\_\_\_\_ Meal Time Info: \_\_\_\_\_

Bedtime Routine: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Tantrum Inducers: \_\_\_\_\_ Meal Time Info: \_\_\_\_\_

Bedtime Routine: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_