**Assigning Coordinator**: 678- 310-8412

**[*Insert Last Name*] Family Babysitter Information**

Child(ren): **[*Insert Name(s) and Age(s)]***

Address: **[*Insert Address*]**

**Important phone numbers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mrs. [*Insert Last Name*]** | **XXX-XXX-XXXX** | Emergency | 9-1-1 |
| **Mr. [*Insert Last Name*]** | **XXX-XXX-XXXX** | Pediatrician **[*Insert Name*]** | **XXX-XXX-XXXX** |
| Local Family **[*Insert Name*]** | **XXX-XXX-XXXX** | Pharmacy | **XXX-XXX-XXXX** |
| Trusted Neighbor **[*Insert Name*]** | **XXX-XXX-XXXX** | Poison Control Center | 1-800-222-1222 |

**Allergy information [REMOVE IF NOT RELEVANT]**

|  |  |
| --- | --- |
| Food allergies: |  |
| Topical allergies: |  |
| Medicine allergies: |  |

**Activities/Routine: [*Insert your child(ren)’s schedule/routine or favorite activities*]**

1.
2.

**Basic house rules: [*Insert your house rules*]**

1.
2.
3.

**Bedtime Routine: [*Insert your bedtime routine*]**

1.
2.
3.

**Wifi**

Network Name:

Password: