Babysitter Checklist

We will be at:Phone Number:	
Child's Name:	Child's Name:
Age:	Age:
Allergies:	Allergies:
Medication:	Medication:
Bedtime:	Bedtime:
Child's Name:	Child's Name:
Age:	Age:
Allergies:	Allergies:
Medication:	Medication:
Bedtime:	Bedtime:
Child's Name:	Child's Name:
Age:	Age:
Allergies:	Allergies:
Medication:	Medication:
Bedtime:	Bedtime: