

Sitter Check-List

- **FAMILY NAME:** _____
- **PHONE NUMBER:** _____
- **ADDRESS:** _____
- **CHILDREN'S NAMES AND AGES:** _____
- **CHILDREN'S ALLERGIES, HEALTH HISTORY, AND DAILY MEDICINES:** _____
- **PHONE NUMBER WHERE PARENT OR GUARDIAN WILL BE:** _____
- **ADDRESS WHERE PARENT OR GUARDIAN CAN BE REACHED:** _____
- **CELL PHONE NUMBERS:** _____
- **NEIGHBOR'S NAME AND PHONE NUMBER:** _____
- **LOCAL RELATIVE'S PHONE NUMBER:** _____
- **LOCAL EMERGENCY PHONE NUMBER:** _____
- **HEALTHCARE PROVIDER'S NAME:** _____
- **HEALTHCARE PROVIDER'S PHONE NUMBER:** _____
- **INSURANCE NAME AND NUMBER:** _____
- **POISON CONTROL CENTER:** _____
- **POLICE:** _____
- **AMBULANCE:** _____
- **FIRE DEPARTMENT:** _____
- **WHAT TIME YOU WILL BE HOME:** _____