



Instructions for Babysitters

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When someone comes into your home to care for your child while you are away, it is important to leave specific instructions. This checklist will help with what to tell this person. Keep this list in a handy place where you and the person caring for your child can easily find it.

Family _____

Address _____

Nearest cross street or directions _____

Home Phone _____ Office _____

Cell Phone(s) _____

Parent's Names _____

Children's Names _____ (age) _____

_____ (age) _____

_____ (age) _____

Arrangements

Time to arrive _____

Time to leave _____

Who provides transportation? _____

Rates per hour _____

per day _____

Where parents will be and when _____

Time expect to return _____

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are also available on our website at:
<http://osufacts.okstate.edu>

How to reach parents _____

How to reach doctor/HMO/hospital (name & phone)

Doctor: _____

Preferred Hospital: _____

Insurance: _____

Policy # _____

Allergies _____

Medicines (name) _____

(dose) _____ (when) _____

Medication instructions _____

How to reach relatives, friends, neighbors (name, relation
& phone) _____

How to reach **Call 911 in an emergency**

FIRE DEPT. _____

POLICE _____

OK Poison Control Center **1-800-222-1222**

Routines

Menus/food and mealtimes (food allergies)

Snacks/Restrictions

Scheduled activities and appointments

Check those that are allowed:

- ☐ inviting friends over
- ☐ outdoor play
- ☐ television and radio use (how long) _____
- ☐ use of stereo
- ☐ use of telephone
- ☐ use of computer (how long) _____
- ☐ use of car

Bed time _____

Nap time _____

Special Messages

Special Instructions

Baths _____

Play Activities _____

Misbehavior/Discipline _____

House rules _____

Friends the children may invite over _____

Pets _____

Extra Jobs to Do

Prepare meals, snacks _____

Wash dishes _____

Clean _____

Just in Case

How to Answer the Phone and Door: _____

In case of tornado warning, go to: _____

Emergency supplies _____

Locks, alarms, keys, exits _____

EMERGENCY TREATMENT RELEASE

Child(ren)'s Name: _____

Date(s) of Birth: _____

I, _____, hereby authorize any licensed physician, dentist, or hospital to give necessary emergency medical services to my child(ren), _____, at the request of the person bearing this consent form.

Signature of Parent or Legal Guardian _____

Date(s) of Release _____

For more information, visit the Oklahoma Cooperative Extension website: www.fcs.okstate.edu/parenting/

Credit is extended to Elaine Wilson, retired Parenting Specialist, for the original development of this fact sheet.

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