



Babysitter Guide

Name: Age: Contact #:

Emergency Contact:

Doctor & Hospital:

Known Allergies:

Where we will be:

My Typical Day Looks Like This:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

My Bedtime Routine:

- _____
- _____
- _____
- _____
- _____
- _____

I Need A Nap Every _____ Hours

My Bedtime Is _____

I Can Eat:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

What to Avoid:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Favorites:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Helpful Tips:

Help Yourself To: