Family emergencies are never easy to handle, but they pose extra challenges to a young high school or college-age babysitter. To help sitters remain calm, cool, and collected, fill out the form below. The information helps sitters (and if necessary, emergency medical personnel) respond wisely when fast action makes a difference.

Enlarge this form to whatever size you choose and print. (Or make a custom form tailored to your family.) Fill in the information that will always remain the same, such as children’s names and birth dates. Then make multiple copies to keep on hand by the telephone or in a prominent place. Each time you hire a sitter, you’ll only have to fill in information that applies to that particular date (or dates).

Before you leave, go over the information with your sitter so he or she understands its purpose and can ask questions. This little bit of paperwork will help your kids when you’re not there and will be much appreciated by your sitter in times of emergency.

Baby Sitter’s Help Sheet

Family Name _________________________________________________________________
Address ______________________________________ Phone ( _____ ) _______________

How to reach parents:
Parents’ destination __________________________________________________________
Expected return to home _____________________________________________________
Phone number _____________________ Parent cell phone or pager # ___________
E-mail address______________________________________________________________

People to call for help:
Nearest neighbor’s name and phone number ___________________________________

Nearest relative’s name and phone number ______________________________________

Emergency phone numbers:
Police Department__________________________________________________________
Fire Department____________________________________________________________
Hospital__________________________________________________________
Ambulance______________________________________________________________
Poison Control Center____________________________________________________
Child care or school(s)____________________________________________________

Health Care Contacts:
Doctor_________________________________________ Dentist_______________________
Eye doctor____________________________________ Pets’ Veterinarian_____________
Vital Information, Child #1

Full Name _________________________________________ Birth date and Age _____________________________________
Height and Weight __________________________________
Health Conditions and/or Special Needs __________________________
Allergies, symptoms and treatment response ________________________

Medication name(s) Dosage amount Times to give
A._____________________________________________________________________________________________________
B._____________________________________________________________________________________________________
C._____________________________________________________________________________________________________

Vital Information, Child #2

Full Name _________________________________________ Birth date and Age _____________________________________
Height and Weight __________________________________
Health Conditions and/or Special Needs __________________________
Allergies, symptoms and treatment response ________________________

Medication name(s) Dosage amount Times to give
A._____________________________________________________________________________________________________
B._____________________________________________________________________________________________________
C._____________________________________________________________________________________________________

Location of Emergency Supplies
First aid supplies ___________________________________ Flash light____________________________________________
Fire extinguisher_____________________________________ Key to house and car ________________________________
Health insurance carrier and ID number________________ Parent authorization for emergency treatment _____________

Emergency Procedures
Fire exit locations ___________________________________________________________________________________________
Rooms for storm evacuation ____________________________________________________________________________________

Regular Routines
Bathroom and/or diapering routines____________________________________________________________________________
Bedtime routines _____________________________________________________________________________________________
Snacks and beverages __________________________________________________________________________________________
Meals available _______________________________________________________________________________________________
Tips on picky eater ____________________________________________________________________________________________
Acceptable television, movies, computer games and/or web sites ______________________________________________________
Telephone rules ______________________________________________________________________________________________
Places teens may go and curfews _______________________________________________________________________________
Neighbors young children may visit ____________________________________________________________________________
Times for outdoor play _________________________________________________________________________________________
Favorite games, books or music _______________________________________________________________________________
Tips to soothe frustration or tears ______________________________________________________________________________
Tips for handling temper tantrums ______________________________________________________________________________
Phone numbers for household troubles __________________________________________________________________________
Electrical power outage report ______________________________ Refrigerator repair______________________________
Furnace repair __________________________________________ Plumber ____________________________________________
Electrician _____________________________________________ Gas Co ______________________________________________
Other Details _______________________________________________________________________________________________

About the Author — Karen Stephens is director of Illinois State University Child Care Center and instructor in child
development for the ISU Family and Consumer Sciences Department. For nine years she wrote a weekly parenting column in
her local newspaper. Karen has authored early care and education books and is a frequent contributor to Exchange.

www.ParentingExchange.com