

BABYSITTER REFERENCE SHEET

EMERGENCY — CALL 911

Our Address: _____

Dad's Cell: _____ **Mom's Cell:** _____

Other Emergency Contact & Cell Number:

Our Insurance Information:

Our Name: _____

Insurance Company: _____

Member ID: _____

Group Number: _____

I give _____ permission to authorize any medical treatments she/ he deems necessary for any of our children:

Signed: _____

Special Instructions:
