

# SITTER NOTES

## EMERGENCY NUMBERS

Mom's cell: \_\_\_\_\_  
Dad's cell: \_\_\_\_\_  
Grandparents: \_\_\_\_\_  
Neighbor: \_\_\_\_\_  
Pediatrician: \_\_\_\_\_  
Poison control: \_\_\_\_\_  
Elementary school: \_\_\_\_\_  
Middle school: \_\_\_\_\_  
High school: \_\_\_\_\_

## MEDICAL INFO

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
• Fever: \_\_\_\_\_  
• Allergy: \_\_\_\_\_  
• Cold: \_\_\_\_\_  
Foods to avoid: \_\_\_\_\_  
Notes: \_\_\_\_\_

## RULES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PETS:

Mealtimes: \_\_\_\_\_  
Food and portions: \_\_\_\_\_  
Treats and activities: \_\_\_\_\_  
Quirks: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_

## SITTER NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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