

**THE ULTIMATE GRANDPARENTS' EMERGENCY
BABYSITTING CHECKLIST
SITTER'S MEMORANDUM**

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Parent's Location And Phone Number(s) During Babysitting:

Attach copies of medical insurance card and photo id (e.g., passport photo and printed information page) for each child.

Medical and Dental Provider Contacts (add additional sheets if needed):

| <i>Type</i> | <i>Name and Address</i> | <i>Telephone(s)</i> |
|----------------|-------------------------|-------------------------|
| Pediatrician | <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> |
| Urgent Care | <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> |
| Emergency Room | <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> |
| Dentist | <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> |

Specialists (e.g., ophthalmologist, optician, orthodontist, otolaryngologist, dermatologist, allergist, orthopedic surgeon, hematologist, mental health provider):

| Type | Name and Address | Telephone(s) |
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Tutor(s):

Name and Address

Telephone(s)

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Emergency Contacts: *Name and Address*

Telephone(s)

Local Police Station:

Local Electric Power Company:

Local Gas Company:

Local Land Telephone Company:

Local Internet Provider:

Daily Schedule for Each Child (add additional sheets if needed):

Date: _____

| <i>Time</i> | <i>Activity Child 1</i> _____ <i>[Name]</i> | <i>Activity Child 2</i> _____ <i>[Name]</i> |
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Date: _____

| <i>Time</i> | <i>Activity Child 1</i> _____ <i>[Name]</i> | <i>Activity Child 2</i> _____ <i>[Name]</i> |
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Daily Schedule for Each Child:

Date: _____

| <i>Time</i> | <i>Activity Child 1</i> _____ <i>[Name]</i> | <i>Activity Child 2</i> _____ <i>[Name]</i> |
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Date: _____

| <i>Time</i> | <i>Activity Child 1</i> _____ <i>[Name]</i> | <i>Activity Child 2</i> _____ <i>[Name]</i> |
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Daily Schedule for Each Child:

Date: _____

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Daily Schedule for Each Child:

Date: _____

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Date: _____

| <i>Time</i> | <i>Activity Child 1</i> _____ <i>[Name]</i> | <i>Activity Child 2</i> _____ <i>[Name]</i> |
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