



CAREGIVER INFORMATION SHEET

GENERAL INFO

Our names: _____ Home phone: _____
Home address: _____ Cross streets: _____

TO REACH US

Where we'll be: _____ Time expected home: _____
Address: _____ Phone: _____
1st cell phone to call: _____ 2nd: _____

KIDS'S INFO

Name: _____ DOB: _____ Allergies/special needs: _____
Name: _____ DOB: _____ Allergies/special needs: _____
Name: _____ DOB: _____ Allergies/special needs: _____
Mealtimes: _____ Snacks: _____ Bedtime: _____
Additional info or special instructions: _____

EMERGENCY INFO

CALL 911

Poison Control: _____ Doctor: _____
Neighbor: _____ Relative: _____
1st aid kit location: _____ Fire extinguisher: _____

HOUSE RULES

TV/computer/Internet rules: _____
Foods allowed/not allowed: _____
Guidelines for indoor play: _____
Guidelines for outdoor play: _____
Bedtime routine: _____

MEDICAL RELEASE

In the event of a medical emergency, I authorize: _____
to obtain medical treatment for my child(ren): _____
Health insurance provider: _____ Policy #: _____
Primary physician: _____ Office #: _____

Any licensed physician, physician's assistant, dentist, or hospital may give necessary emergency medical services to my child at the request of the person bearing this request form.

Signature of parent or legal guardian Date