

CHILD PERSONAL INFORMATION FOR BABYSITTER

<b>NAME:</b>			
<b>DOB:</b>		<b>HEIGHT:</b>	<b>WEIGHT:</b>

<b>MOTHER NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY:</b>	<b>HOME PHONE:</b>
<b>WORK PHONE:</b>	<b>CELL PHONE / PAGER:</b>

<b>FATHER NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY:</b>	<b>HOME PHONE:</b>
<b>WORK PHONE:</b>	<b>CELL PHONE / PAGER:</b>

<b>OTHER CONTACT:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY:</b>	<b>HOME PHONE:</b>
<b>WORK PHONE:</b>	<b>CELL PHONE / PAGER:</b>

<b>PHYSICIAN NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY:</b>	<b>HOME PHONE:</b>
<b>OFFICE PHONE:</b>	<b>AFTER HOURS PHONE:</b>

**CURRENT MEDICATIONS:**

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**CURRENTLY UNDER MEDICAL CARE BY PHYSICIAN FOR THE FOLLOWING:**

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**MEDICAL HISTORY:**

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**ALLERGIES TO MEDICATIONS:**

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**ENVIRONMENTAL ALLERGIC REACTIONS (INSECTS, FOOD, ETC.):**

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**OTHER INFORMATION:**

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