

Babysitting Co-op

Name (You/Spouse):
Address:
Phone #:
Cell phone:
Email address:
Emergency Contact/Relation:
Contact phone #:

Child #1:
Age:
Allergies:
Additional info:

Child #2:
Age:
Allergies:
Additional info:

Child #3:
Age:
Allergies:
Additional info:

Child #4:
Age:
Allergies:
Additional info:

Doctor's Name:
Doctor's #:

Do you have any animals? If yes, please list them here:

By signing this form, you are consenting to any medical treatment that your child(ren) may need while in someone else's care. The babysitter shall not be held liable for accidental injuries.

_____ Date _____
(Signature)