Abingdon Cooperative Preschool

BABYSITTING EXCHANGE

CHILD INFORMATION SHEET

(Please use a separate form for each child)

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| CHILD’S NAME: |
| DOB: |
| PARENT NAME: |
| ALLERGIES & RELEVANT MEDICAL CONDITIONS: |
| DOCTOR’S NAME & TEL: |
| FOOD & DRINK INFORMATION: |
| POTTY/DIAPER INFORMATION: |
| SLEEP INFORMATION: |
| PARENTAL TEL & LOCATION: |
| SECONDARY/EMERGENCY CONTACT NAME & TEL: |