

# babysitter's info

IN AN EMERGENCY CALL 911

PARENT 1 CELL

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PARENT 2 CELL

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OUR HOME ADDRESS

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OUR HOME PHONE NUMBER

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NEIGHBOR'S NAME

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NEIGHBOR'S PHONE NUMBER

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PEDIATRICIAN'S NAME

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PEDIATRICIAN'S PHONE NUMBER

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ALLERGIES

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MEDICAL INFORMATION

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BEDTIME INFORMATION:

SPECIAL INSTRUCTIONS: