



HANDY INFORMATION FOR YOUR SITTER

PLEASE DISPLAY THIS IN YOUR HOME

ALWAYS ASK TO SEE DEVON BABYSITTERS ID ON ARRIVAL



PARENT / CARER 1:

ADDRESS:

MOBILE:

PARENT / CARER 2:

RELATIONSHIP TO CHILD:

ADDRESS: (IF DIFFERENT)

MOBILE:

**IN THE EVENT OF AN EMERGENCY CARER
I WILL BE THE FIRST POINT OF CONTACT.**

OUR FAMILY'S LANGUAGE/ RELIGION IS:

CHILD 1:

AGE & DOB:

DIETARY REQUIREMENTS:

ALLERGIES:

LONG TERM ILLNESS:

CHILD 2:

AGE & DOB:

DIETARY REQUIREMENTS:

ALLERGIES:

LONG TERM ILLNESS:

CHILD 3:

AGE & DOB:

DIETARY REQUIREMENTS:

ALLERGIES:

LONG TERM ILLNESS:

REGISTERED GP/DOCTOR:

ADDRESS & TELEPHONE NUMBER:

**I CAN CONFIRM THAT THE NAMED
CHILDREN HAVE HAD THE FOLLOWING
IMMUNISATIONS:**

- DIPHTHERIA
- WHOOPING COUGH
- TETANUS
- POLIO
- MEASLES
- MUMPS
- RUBELLA
- HIB
- MENINGITIS

**BY TICKING THIS BOX, I CONFIRM I AM
HAPPY FOR MY CHILDREN TO RECEIVE
FIRST AID TREATMENT FROM THEIR
SITTER.**

PARENT / CARER SIGNATURE:

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PLEASE USE AN EXTRA SHEET IF YOU HAVE ADDITIONAL INFORMATION



ADDITIONAL INFORMATION FOR YOUR SITTER



PARENT / CARER SIGNATURE:

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