



Babysitter Guide

Name: _____ Age: _____ Contact #: _____

Emergency Contact: _____

Doctor & Hospital: _____

Where we will be: _____

Some Signs I'm Sleepy:

I'M TIRED

- "the stare"
- flushed brows
- looks away

I'M READY FOR A NAP

- fussiness
- big yawns
- rubs eyes

I'M OVERTIRED

- frantic screaming
- rigid body
- pushes away

I'll Need A Nap About
Every _____ to _____ Minutes

Here's My Routine:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Feeding:

Feed Me _____ oz @

_____	_____	_____	_____	_____
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Warming instructions:

Diaper Changes:

Time	BM	Wet
_____	_____	_____
_____	_____	_____
_____	_____	_____

Things You Might Need:

Diapers: _____

Wipes: _____

Thermometer: _____

Help Yourself To:
