

# CHILDCARE INSTRUCTIONS

(Keep handy for the nanny)

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Home Address \_\_\_\_\_

Closest Intersection(s): \_\_\_\_\_

CHILDREN'S NAME(S)      BIRTH DATE      ALLERGIES, INCLUDING TO MEDICINE

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Other phone numbers \_\_\_\_\_

Neighbor \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Does hospitalization require pre-certification? \_\_\_\_\_ Phone \_\_\_\_\_

Fire Extinguisher \_\_\_\_\_ Emergency Supplies \_\_\_\_\_

First Aid Supplies \_\_\_\_\_ Extra House Key \_\_\_\_\_

Household Rules (including TV)

Always off limits

Pet Instructions

Further instructions:

In the event the child(ren) named above is injured or ill, I understand the caregiver will attempt to reach the parent(s) or guardian(s) at the phone numbers listed above. In the event no one can be reached, I give my permission for the caregiver to provide first aid for the child named above or take appropriate measures, including contacting EMS for transport to \_\_\_\_\_ or the nearest medical facility. The undersigned parent/guardian of the minor(s) listed above authorize the family doctor, pediatrician or Emergency Room physician in charge to act in my behalf to consent to all necessary and appropriate medical treatment, surgery, or hospital care which is advisable under the general care of a licensed physician or surgeon under the laws of the State of Oregon or Washington. I assume all financial responsibility for such care.

Signed \_\_\_\_\_  
parent and/or legal guardian

Date \_\_\_\_\_

**CHILDCARE INSTRUCTIONS FOR \_\_\_\_\_**  
**(child's name)**

EXISTING MEDICAL CONDITIONS, ALLERGIES AND PHYSICAL RESTRICTIONS:  
(use accompanying form for medications)

DAILY SCHEDULE:

MEALTIME:

BEDTIME AND NAPTIME INSTRUCTIONS:

FAVORITE TOYS, GAMES OR STORIES:

ADDITIONAL INSTRUCTIONS:

Parents'/Guardians' Medicine Consent Form

I, \_\_\_\_\_  
(name of parent or legal guardian)

give permission to \_\_\_\_\_  
(name of caregiver)

to follow and act in accordance with these instructions for \_\_\_\_\_  
(name of child)

the following medicine \_\_\_\_\_  
(name of medicine)

for \_\_\_\_\_  
(condition or illness)

on \_\_\_\_\_  
(date or dates)

at \_\_\_\_\_  
(prescribed times)

in the amount of \_\_\_\_\_  
(prescribed amounts)

by \_\_\_\_\_  
(how taken: by mouth, etc.)

Side effects of medicine, if any \_\_\_\_\_

The medicine has been prescribed by \_\_\_\_\_  
(name of physician)

Physician's phone number \_\_\_\_\_

Permission given by \_\_\_\_\_  
(parent or legal guardian's signature)

Today's Date \_\_\_\_\_

Expense/Mileage Report and Transportation Release Form

I, \_\_\_\_\_ give \_\_\_\_\_  
(parent or guardian's name) (caregiver's name)  
permission to take \_\_\_\_\_  
(children's name)  
to the following places:

π in the caregiver's vehicle with mileage reimbursed at \_\_\_\_\_ cents per mile OR  
π in the parent's vehicle.

Total funds advanced: \_\_\_\_\_ for \_\_\_\_\_  
(specific use)

*Note: caregiver will return change with receipts of money spent*

Mileage Log		
Starting: _____	Ending: _____	Destination: _____
Starting: _____	Ending: _____	Destination: _____
Starting: _____	Ending: _____	Destination: _____
Starting: _____	Ending: _____	Destination: _____
Starting: _____	Ending: _____	Destination: _____