

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: _____
Starting: _____	Ending: _____	Destination: _____