

Fridge Memo For Babysitter

Emergency Contact Name : _____

Relationship to Child : _____

Emergency Contact Number : _____

Home Address : _____

Child's Information

| | |
|------------------------------------|--|
| Child's Full Name | |
| Date of Birth | |
| Medicare Card Number + Expiry Date | |
| Allergies-Medication | |
| Known health issues | |

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Notes/extra information from parents :