

**JOB SUMMARY FORM - ROCKMYBABY™**

First Name	Last Name

Home Phone	Mobile No1	Mobile No2

Emergency contact phone No. 1	Emergency contact phone No. 2

Home Address	Location while parents out

	Child 1	Child 2	Child 3	Child 4
Name				
Age				

This form is to be completed and signed by the child’s parent or legal guardian. The signature of the parent or legal guardian indicates permission for the babysitter to follow and act in accordance with these instructions.

Name of Child	Medical Condition

Doctor’s Name	Doctor’s Phone

Signs/Symptoms	Medication/Dose/When given

I give permission for \_\_\_\_\_ (“Babysitter”) to administer medicine(s) to the child named above in the manner described above.  
 Further, I give my permission to the Babysitter to provide basic first aid for the child named above and to take the appropriate measures including contacting the Doctor named above, or contacting the nearest medical facility to receive the appropriate level of care as determined by qualified medical professionals. In the event the child named above is injured or ill, I understand that the babysitter will attempt to contact me, the other parent or legal guardian, and then the contact numbers listed below.

Emergency contact phone No. 1	Emergency contact phone No. 2

**Amount is due in cash and is payable directly to sitter on completion of job.**

I \_\_\_\_\_ Agree to the Job Summary and all the Terms and Conditions provided by RMB. I authorize \_\_\_\_\_ (“babysitter”) as primary sitter to the above child/ren

Signed \_\_\_\_\_ Babysitter \_\_\_\_\_

