

**Solon Early Childhood PTA – Babysitting Co-op
 Authorization Form
 August 2014 – August 2015**

PURPOSE: The purpose of the SECPTA Babysitting Co-op is to provide members a babysitting option where no money is exchanged.

Member Name: _____ Spouse's Name: _____

Address: _____ Home Phone: _____

_____ Work/Cell Phone: _____

Member Email Address: _____

<u>Child's Name</u>	<u>Birth Date</u>	<u>Health Concerns</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relative to contact in emergency: _____ Phone: _____

Neighbor to contact in emergency: _____ Phone: _____

Physician: _____ Phone _____

Address: _____

Preferred Hospital _____ Insurance _____

Disclosures:

Do you or your spouse smoke? Yes No

Do you have any pets? Yes No If yes, describe: _____

Do you have any firearms in your home? Yes No If so, are they securely locked? Yes No

Initials _____

