

Medical and Activity Authorization for Sitter

Sitter's Name: _____

Parents'/Guardians' Name(s): _____ Phone: _____

Children's
Names/Ages: _____

Parents' Lodging/Phone Numbers: _____

Parents' Destination(s)/Phone Numbers: _____

Emergency Phone Number(s): _____

Medical Conditions/Instructions: _____

Is sitter authorized to bathe children or take them to a pool, hot tub or other aquatic area? Yes No

Is sitter authorized to take children out of the lodging unit? Yes No

Is sitter authorized to take children on public transportation? Yes No

Requested Activities: _____

Prohibited Activities: _____

We, (Parents, Guardians, or individuals with permission to execute this agreement on their behalf), have temporarily entrusted the care of our child/children to the sitter or sitters ("Sitter") named above. While in Sitter's care, just as while in our care, children have an inherent risk of accident or unforeseen circumstances, including but not limited to falling, tripping, choking, or other medical condition, that may result in property damage, personal injury, even possibly death. We authorize Sitter to take all reasonable actions to protect the safety of our children while they are in Sitter's care. In the event of medical emergency, we specifically authorize Sitter to consent to necessary treatment under the guidance of first responders, emergency medical personnel and physicians. We are responsible for the cost of such care.

Parents'/Guardians' Signatures: _____ Date: _____

Hourly Rate Payment Worksheet

Sitter's Name: _____

Parents'/Guardians' Name(s): _____

No. of Children X No. of Hrs	4 h	4.5 h	5 h	5.5 h	6 h	6.5 h	7 h	7.5 h	8 h	8.5 h	9 h	9.5 h	10 h
1 kid @ \$16 h	\$64	\$72	\$80	\$88	\$96	\$104	\$112	\$120	\$128	\$136	\$144	\$152	\$160
2 kids @ \$16 h	\$64	\$72	\$80	\$88	\$96	\$104	\$112	\$120	\$128	\$136	\$144	\$152	\$160
3 kids @ \$18 h	\$72	\$81	\$90	\$99	\$108	\$117	\$126	\$135	\$144	\$153	\$162	\$171	\$180
4 kids @ \$20 h	\$80	\$90	\$100	\$110	\$120	\$130	\$140	\$150	\$160	\$170	\$180	\$190	\$200
5 kids @ \$22 h	\$88	\$99	\$110	\$121	\$132	\$143	\$154	\$165	\$176	\$187	\$198	\$209	\$220
X 1.5 on holidays					X 2 on New Year's Eve after 5p					<small>(rev. Nov 2017)</small>			

Billable time is rounded by the quarter-hour and charged by the half-hour.

Date	Time In	Time Out	Total Hrs	# of Kids	Additional Fees	=	Total
						=	
						=	
						=	
						=	
						=	
Sub-Total (of all appointments):							
Tip:							
Total (sub-total + tip):							

Please verify the accuracy of the above appointment details with your signature.
TIPS ARE GREATLY APPRECIATED AND GO EXCLUSIVELY TO YOUR SITTER

Parents'/Guardians' Signature: _____ Sitter's Signature: _____

Indicate Payment Type: Cash Mobile (Venmo/PayPal)
 U.S. Check (made payable to sitter) check # _____

Receipt of Payment To Sitter

Sitter's Name: _____

Date(s)	Total Hours	Balance Paid To Sitter