

For the Babysitter

Dial or Text **911**

When You Need . . .



POLICE



FIRE



AMBULANCE

Address of residence: _____

City: _____

Closest Cross Street: _____

Telephone number to home or babysitter: _____

Parent 1 Name: _____

Work Location and Phone: _____ Cell: _____

Parent 2 Name: _____

Work Location and Phone: _____ Cell: _____

Where parents are and time to be home: _____

Grandparents (Maternal): _____ Phone: _____

Grandparents (Paternal) : _____ Phone: _____

Our Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Insurance: _____

Neighbor: _____ Phone: _____

Close Relative: _____ Phone: _____

Child _____ Age or DOB: _____

Medical Info: _____

Allergies: _____ Meds: _____

Other Important information _____

Child _____ Age or DOB: _____

Medical Info: _____

Allergies: _____ Meds: _____

Other Important information _____

Child _____ Age or DOB: _____

Medical Info: _____

Allergies: _____ Meds: _____

Other Important information _____