Babysitting Orientation and Emergency Help Sheet

Family Name:		
Address:		_
Phone: ()		
E-mail:		
Fax:		
How to reach parents:		
Parents' destination:		
Parent's work name, address and ph	none:	
Expected return to home:		—
People to call for help:		
Nearest neighbor's name and phone	number	_
Nearest relative's name and phone r	number	
Emergency phone numbers:		
Police Department		
Fire Department:		
Hospital:		
Child care or school(s):		
Health Care Contacts:		
Doctors:		
Dentist:		
Eye doctor:	Pets' Veterinarian:	
Phone numbers for househol	d troubles	
Furnace repair	Plumber:	
Electrician:	·	
Gas Company:		

Other Details:
Vital Information, Child #1 Full Name:
Birth date and Age:
Height and Weight:
Height and Weight:Health Conditions and/or Special Needs:
Allergies, symptoms and treatment response:
Medication name(s) Dosage amount Times to give:
A
B.
C
Vital Information, Child #2 Full Name: Dirth data and Aga:
Birth date and Age:
ricignt and weight.
Health Conditions and/or Special Needs:
Allergies, symptoms and treatment response:
Medication name(s) Dosage amount Times to give: A
B.
C
Location of Emergency Supplies First aid supplies: [See b. First State
Flash light:
Fire extinguisher: Key to house and car:
Health insurance carrier and ID number:
Location of parent authorization for emergency treatment:

Emergency ProceduresFire exit locations:

Rooms for storm evacuation:
Regular Routines
Bathroom and/or diapering
routines:
Bedtime routines:
Snacks and beverages:
Meals available:
Tips on picky eater:
Acceptable television, movies, computer games and/or web sites:
Telephone
rules:
Friends who may visit:
Places teens may go and curfews:
Neighbor's young children may visit:
Times for outdoor play:
Favorite games, books or music:
Tips to soothe frustration or tears:
Tips for handling temper tantrums: