



GUIDE FOR BABYSITTERS

FOR LIFE THREATENING EMERGENCIES: CALL 911

FAMILY NAME: _____

CHILDREN'S NAMES:

_____ **AGE:** _____

_____ **AGE:** _____

_____ **AGE:** _____

_____ **AGE:** _____

FAMILY ADDRESS: _____

NEAREST CROSS STREETS: _____

NUMBER TO CONTACT PARENTS: _____

DOCTOR'S NAME: _____ **PHONE:** _____

HOSPITAL: _____ **PHONE:** _____

NATIONAL POISON CONTROL CENTER 800-222-1222 _____

NEIGHBOR TO CONTACT FOR HELP: _____

NEIGHBOR PHONE NUMBER: _____

ADDITIONAL INSTRUCTIONS: _____
