

Information for Your Baby-Sitter

For ambulance, fire, or police: Dial 911 (or other numbers you choose to insert here).

For additional information, see the "Consent for Medical Care and Medical Information" form.

Our Address: _____

Our Home Phone Number: _____

Mother's Name: _____

Phone at Work: _____

Cellular Phone: _____ Pager: _____

Father's Name: _____

Phone at Work: _____

Cellular Phone: _____ Pager: _____

Emergency contacts in case parents can't be reached:

Neighbor's Name: _____

Home Phone: _____

Phone at Work: _____

Cellular Phone: _____ Pager: _____

Family Friend's Name: _____

Home Phone: _____

Phone at Work: _____

Cellular Phone: _____ Pager: _____

Relative's Name: _____

Home Phone: _____

Phone at Work: _____

Cellular Phone: _____ Pager: _____

Pediatrician's Name: _____

Address: _____

Daytime Phone: _____

Night/Weekend/Holiday Phone: _____

Poison-Control Center Phone Number: _____

Nearest Hospital's Phone: _____

Address: _____

Directions: _____

Other Important Information (such as child's fears, disabilities, etc.):

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