American Red Cross

Emergency Numbers and Family Information

(Complete as much as possible before accepting a babysitting job; update before sitting again)

Where parents/guardians will be and #:_____

_____

Parent's/Guardian's name(s):_____

_____

Cellular phone #: _____

Expected return time:_____

Local emergency #: _____

Family phone #:_____

Doctor's name:_____

Address:_____

Doctor's emergency #:_____

Nearest cross street name:_____

National Poison Control Center Hotline #:

(800) 222-1222

Neighbor's Name and #:_____

_____

Child's Name:_____ Age: _____ Weight: _____

Child's Name:_____ Age: _____ Weight: _____

Child's Name:_____ Age: _____ Weight: _____

Family Safety

Any areas off limits?_____

Location of first aid/disaster kit?_____

Location of fire extinguisher(s)?_____

Location of flashlight(s)?_____

Allergies or health problems? Medications?_____

What is the evacuation location? Who is the emergency contact?_____

_____

Illness/Injury Report

What I observed_____

What I did_____

To my Parents:

Name of family where I'm sitting:_____

_____

Phone number:_____

Expected return time:_____

How getting home:_____

_____