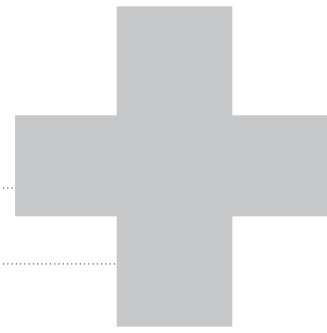


BABYSITTER'S EMERGENCY CHECKLIST



Local Emergency Phone Number:

Family Name:

Home Phone Number:

Street Address:

Nearest intersection/cross street:

Child's Name	Date of Birth	Medications	Allergies	Other Information

Insurance:

Policy #:

First aid kit is:

Fire extinguishers are:

House keys are:

Car keys are:

Garage remote is:

I authorize any licensed physician, dentist or hospital to provide necessary emergency medical service to my child at the request of the person bearing this form. Please take note of the allergies, medications and other information listed above.

Parent/Guardian Signature:

Date:

Turn Over for Emergency Contact Numbers

