

FOR LIFE THREATENING EMERGENCIES

CALL 9-1-1

Baby-Sitters Checklist

FAMILY NAME: _____

FAMILY ADDRESS: _____

NEAREST CROSS STREETS: _____

CHILDREN'S INFORMATION: _____

CHILD'S NAME: _____ AGE: _____
DESCRIPTION: _____

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DESCRIPTION: _____

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DESCRIPTION: _____

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DESCRIPTION: _____

CHILD'S NAME: _____ AGE: _____
DESCRIPTION: _____

PARENTS LOCATION: _____

PARENTS CONTACT NUMBER: _____

DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL: _____ PHONE: _____

POISON CONTROL CENTER (MASS.) _____ PHONE: (800) 682-9211

NEIGHBOR TO CONTACT FOR HELP: _____

NEIGHBOR PHONE NUMBER: _____

ADDITIONAL INSTRUCTIONS: _____
