

# What your baby-sitter must know

When you leave your child with a baby-sitter, you shouldn't have to worry about whether she'll know what to do in an emergency. Fill in the blanks below, and post this where a sitter can't miss it. To reuse, laminate the card and write with an erasable marker.

## Basic information

HOME PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
WORK PHONE(S): \_\_\_\_\_  
WHERE WE CAN BE REACHED: \_\_\_\_\_  
TIME WE ARE EXPECTED BACK: \_\_\_\_\_

Adults you can contact  
in case of emergency

NAME: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

## Medical information

CHILD'S MEDICAL CONDITIONS: \_\_\_\_\_  
CHILD'S WEIGHT: \_\_\_\_\_  
CHILD'S ALLERGIES: \_\_\_\_\_  
INSURANCE INFORMATION\*: \_\_\_\_\_

\*If you'll be away overnight, it's a good idea to leave a release form designating a baby-sitter to authorize medical treatment.

## Important phone numbers

PEDIATRICIAN: \_\_\_\_\_  
AMBULANCE: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_  
FIRE: \_\_\_\_\_ POLICE: \_\_\_\_\_  
POISON-CONTROL CENTER: \_\_\_\_\_

## Where to find

FIRST-AID SUPPLIES: \_\_\_\_\_  
FLASHLIGHTS AND BATTERIES: \_\_\_\_\_  
FUSE BOX: \_\_\_\_\_

## Routines

FAVORITE BOOKS: \_\_\_\_\_  
FAVORITE TOYS: \_\_\_\_\_  
FAVORITE ACTIVITIES: \_\_\_\_\_  
MAJOR FEARS: \_\_\_\_\_  
NAP SCHEDULE: \_\_\_\_\_  
BEDTIME ROUTINE: \_\_\_\_\_  
TV AND COMPUTER USE: \_\_\_\_\_  
SNACKS AND DESSERTS: \_\_\_\_\_

BY JENNA STANLEY

ENDING 11077ND

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