



# FORM FOR BABYSITTERS

FOR LIFE THREATENING EMERGENCIES:

CALL **911**

FAMILY NAME: \_\_\_\_\_

CHILDREN'S NAMES:

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_

NEAREST CROSS STREETS: \_\_\_\_\_

NUMBER TO CONTACT PARENTS: \_\_\_\_\_

WHEN PARENTS WILL RETURN: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEIGHBORS NAME TO CONTACT FOR HELP: \_\_\_\_\_

NEIGHBOR PHONE NUMBER: \_\_\_\_\_

ADDITIONAL INSTRUCTIONS (bed time, bath needed, medicine needed, special food requirements): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

POISON CONTROL CENTER (800) 332-6633

Distributed in the interest of Safety by Kansas Farm Bureau. Duplicate as needed.