Emergency Information

Parents: fill this in and leave it where the sitter can see it. Sitter: photograph it before the parents leave.

The Babysitting Blueprint
babysittingblueprint.com

THIS ADDRESS

STREET ADDRESS _____ APARTMENT / UNIT _____

CITY _____ STATE _____ ZIP _____ NEAREST CROSS STREET _____

> **Sitter: say this address out loud now.** People blank on it during a 911 call. If you have to dial, you will already know it.

PARENTS / GUARDIANS

NAME _____ CELL _____ WHERE THEY WILL BE TONIGHT _____

NAME _____ CELL _____ EXPECTED HOME BY _____

IF THE PARENTS CANNOT BE REACHED

NAME	RELATIONSHIP	PHONE	CAN THEY COME OVER?

MEDICAL

PEDIATRICIAN / PRACTICE _____ PHONE _____ PREFERRED HOSPITAL _____

INSURANCE PROVIDER _____ MEMBER ID _____ WHERE THE CARD IS KEPT _____

ALLERGIES — FOOD, MEDICATION, ENVIRONMENTAL. WRITE "NONE" IF NONE.

MEDICATION, DOSE AND TIME — INCLUDE WHERE IT IS KEPT AND ANY EPIPEN OR INHALER LOCATION

CONDITIONS THE SITTER SHOULD KNOW ABOUT — ASTHMA, SEIZURES, DIABETES, SENSORY NEEDS, ANYTHING ELSE

WRITTEN PERMISSION TO SEEK TREATMENT

I authorize the caregiver named below to consent to emergency medical treatment for my child or children in my absence, and to call 911 or transport them for care if it is needed. I can be reached at the numbers above.

CAREGIVER NAME _____ PARENT / GUARDIAN SIGNATURE _____ DATE _____