



ABOUT US

Parent names:

Address of the house:

Nearest intersections/directions to the house:

Phone number at the house:

ABOUT THE CHILDREN

Include name, date of birth, age, hair color, and height/weight for each child

PLANS FOR TONIGHT

Time you expect to be home: _____

Any food or drink to be given to the children:

Children's bedtimes and bedtime routine:

Any other special instructions:

CALL 911 IN CASE OF EMERGENCY

Nationwide poison control hotline: 1-800-222-1222

THINGS TO DISCUSS BEFORE LEAVING

- Location of exits
- Location of first aid supplies
- Location of fire extinguisher, flashlights

HOW TO REACH ME

Where I'll be (Name, address and phone)

IF YOU CAN NOT REACH ME

Friends or neighbors you can contact (Name, phone):

MEDICAL INFO

Doctor name and contact info:

Insurance provider, group number, policy number, name the policy is under:

Food and drug allergies:

Special medical information:
