

BABYSITTER EMERGENCY PLAN

OUR ADDRESS

Parent Contact
Phone #1:
Phone #2:

Family Rules:

Medications/Allergies

To print additional copies
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EMERGENCY CONTACTS

Doctor

Doctor's Name:

Street:

City:

Phone:

Dentist

Dentist's Name:

Street:

City:

Phone:

WHO TO CALL IF WE DON'T COME HOME

Emergency Numbers

Temporary Guardian #1:

Phone Number:

Address:

Temporary Guardian #2:

Phone Number:

Address:

Permanent Guardian:

Phone Number:

INSURANCE INFORMATION

Insurance #1

<i>Provider:</i>	<i>Policy number:</i>
<i>Emergency Helpline:</i>	
<i>Registered Member:</i>	
Important Notes	
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Insurance #2

<i>Provider:</i>	<i>Policy number:</i>
<i>Emergency Helpline:</i>	
<i>Registered Member:</i>	
Important Notes	
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