

Randall Children's Hospital at Legacy Emanuel

Babysitter's Checklist

Where I can be reached

Location:

Phone number:

I'll be home at:

Who to call if you can't reach me

Name:

Phone number:

Name:

Phone number:

General rules

Child 1

Child 2

Child 3

Name/Age

Allergies

Medications

Food

TV/Screen Time

Bedtime

Discipline

In case of emergency – Call 911

Our 911 address is:

Our closest intersection is:

House phone:

Poison Control: 1-800-222-1222

Our closest neighbor you can contact in an emergency

Name:

Phone number:

Address:

Health information

Doctor's name:

Phone number:

Address:

Closest hospital:

Hospital ER Phone Number:

Insurance information

Provider:

Group ID#:

Insured's name:

Policy ID#:



**RANDALL CHILDREN'S
HOSPITAL**
LEGACY EMANUEL

Emergency Treatment Release

Child's name:

Birthdate:

Any licensed physician, dentist or hospital may give necessary emergency medical service to my child _____ at the request of the person bearing this consent form.

Your child's full name

Signature of parent or legal guardian

Date of release

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