

ROXANNE PERMESLY, LMHC
COUNSELOR & THERAPIST

BABYSITTER
EMERGENCY INFORMATION

OUR HOUSE

Address: _____

Phone: _____

Cell #1: _____ Cell #2: _____

OTHER PARENT

Name: _____ Phone: _____

Address: _____

NEIGHBOR OR RELATIVE

Name: _____ Phone: _____

Address: _____

CHILDREN'S INFORMATION - birth dates/medical issues/medications

Medications cannot be administered without permission of the parent, physician, or poison control, EXCEPT: _____

FIRST AID SUPPLIES - where to find

PEDIATRICIAN

Name: _____ Phone: _____

DENTIST

Name: _____ Phone: _____

POISON CONTROL - Phone: _____

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CLOSEST HOSPITAL

Name: _____ Phone: _____

Address: _____

LOCAL LAW ENFORCEMENT (911) - Police/Sheriff: _____

VETERINARIAN

Name: _____ Phone: _____

Emergency Vet (p.m.): _____

BEST FRIENDS

1 - Child's Name: _____

Parent's Names: _____ Phone: _____

2 - Child's Name: _____

Parent's Names: _____ Phone: _____

OTHER INSTRUCTIONS OR INFORMATION

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INSTRUCTIONS FOR TODAY

Date: _____

Where we will be: _____

Phone number there: _____

Approx. time we will be home: _____

Important items for today:

Medical concerns:

Any medications that will need to be administered:

Special situations:
