

# Babysitter Emergency Contact Handout

## Child Information

Child's Name

Date of Birth

Allergies/Medications

Other Important Information

## Parent/Guardian Contact

Name(s)

Primary Phone

Secondary Phone

## Emergency Contacts

Name	Relation	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Doctor & Medical Information

Doctor's Name

Doctor's Phone

Preferred Hospital

Insurance Info

Home Information

Home Address

Home Phone

Other Notes