

EMERGENCY NUMBERS AND IMPORTANT INFORMATION

| Name | e of the family: | | |
|--------|------------------|--------------------------------|--------------|
| | | | |
| | | t major intersection): | |
| | | Work Phone: | |
| Mom | 's Cell: | Dad's Cell: | |
| | | | |
| | | OLICE FIRE AMBULANCE = 911 | |
| | POISON II | NFORMATION CENTRE: 1 800.268.9 | 901 <i>7</i> |
| Hospi | ital Name: | Phone #: | |
| Trust | ed Neighbours | or Relatives: | |
| 1. | Name: | Phone #: | |
| | Name: | | |
| Childı | ren | | |
| 1. | Name: | Date of birth: | |
| | | | |
| 2. | Name: | Date of birth: | |
| | Health Card # | | |
| 3. | Name: | Date of birth: | |
| | Health Card # | | |
| 4. | Name: | Date of birth: | |
| | Health Card # | | |

| Instructions to follow when receiving phone calls: |
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| Instructions to follow when someone is at the door: |
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| Are there any rooms off-limits to me and the children? |
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| Am I allowed to play with the child outdoors, or bring them to the park or elsewhere? If so, should I apply sunscreen to the child before? |
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| Do you have a spare key or an alternative way to get in the house? |
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| Do you have an alarm system? If so, what would be my personal code? Could you please show me how to use it? |
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| HOUSE RULES |
| Is the child permitted to use the video game console or any electronic devices? If so, are there any games off-limits? |
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| Are there any rules the child or I should follow in your home? |
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| Are there any rules with regards to the TV or computer that the child and I must follow? |
| |

| If so, do they have an Epipen? If so, where is it kept and how MEDICATION Does the child require any medication? If so, please provide on how to give the medication and where it is kept. Name of the child Age and Weight Medication Dosa Weight Dosa Should be aware of? Where do you keep the First Aid kit and other first aid suppliced packs etc? | Does the child have any allergies? If yes, what are the allergies? | | | | |
|--|--|--|--|--|--|
| MEDICATION Does the child require any medication? If so, please provide on how to give the medication and where it is kept. Name of the child Age and Medication Weight Dosa. Does your child have any medical conditions, special needs a should be aware of? Where do you keep the First Aid kit and other first aid supplies. | | | | | |
| Does the child require any medication? If so, please provide on how to give the medication and where it is kept. Name of the child Age and Weight Dosa Does your child have any medical conditions, special needs of should be aware of? Where do you keep the First Aid kit and other first aid supplies. | many do they have? | | | | |
| Does the child require any medication? If so, please provide on how to give the medication and where it is kept. Name of the child Age and Weight Dosa Does your child have any medical conditions, special needs of should be aware of? Where do you keep the First Aid kit and other first aid supplies. | (6) | | | | |
| On how to give the medication and where it is kept. Name of the child Age and Weight Dosa Dosa Dosa Dosa Dosa Dosa Dosa Weight Dosa Dosa Dosa Weight Dosa Weight Dosa D | | | | | |
| Does your child have any medical conditions, special needs of should be aware of? Weight Dosa Weight Dosa Where do you keep the First Aid kit and other first aid supplies. | written instructions | | | | |
| should be aware of? Where do you keep the First Aid kit and other first aid suppli | Instructions ge, to be taken with or without food | | | | |
| should be aware of? Where do you keep the First Aid kit and other first aid suppli | | | | | |
| should be aware of? Where do you keep the First Aid kit and other first aid suppli | | | | | |
| should be aware of? Where do you keep the First Aid kit and other first aid suppli | | | | | |
| | or medications that I | | | | |
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| | es such as bandaids, | | | | |
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| Where do you keep the flashlight? | | | | | |
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| Does the family have an emergency fire escape plan? |
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| Do you have any pets? If so, will I need to care for them? Please provide any specific instructions. |
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| What is your child's favorite toy or game and activity? Is there anything off-limits? |
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| What is your child's favorite TV show or movie? |
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| BEDTIME |
| Will I need to give your child a bath? |
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| What is your child's bedtime routine? |
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| Does the child like bedtime stories? Do they like to have a night light or keep the door open? Should I stay in the room until the child falls asleep? |
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| Is there any special blanket or stuffed animal the child likes to sleep with? Do they have special underwear for bedtime? |
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| Are there special instructions for diapering or using the toilet? Where are the diapers, wipes, special underwear kept? Where do I keep the soiled diapers? |
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USING THE KITCHEN Are there any foods off-limits for the child? What appliances am I allowed to use? Microwave, stove, oven, toaster or blender? REMEMBER ✓ Ask the parents for a house tour ✓ Give them your cell phone number if you have one and tell them if you prefer to be called or texted ✓ Discuss your rates and come up with a mutual agreement ✓ Discuss who will be bringing you to their house and who will be driving you back home ✓ Discuss when they think they will require your babysitting services (weekends, weeknights, summer etc...) ADDITIONAL NOTES:

For additional copies, please visit our website: www.menardsafetycourses.com