

REFERENCE SHEET FOR YOUR BABYSITTER

Baby's full name:
Date of birth:
Current age:
Current weight:

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Parent contact information:

Name:
Cell phone numbers:
Where we are tonight:
Location, contact names and numbers:

Emergency: CALL 911

Poison Control Center: 944-1414
Our address:
Our home phone number:

Health information:

Alberta Health Care number:
Allergies:
Any medical conditions:
Family doctor:
Clinic address:
Phone:

Household information:

Fire extinguisher location:
Main fuse box location:
Electricity emergency: Call ENMAX at
Gas emergency: Call DIRECT ENERGY at
Gas supply shut off is located...
Water emergency: Call ENMAX at
Main water shutoff is located....

Other:

Nearest hospital:
Directions:
Local police:
Local taxi: