

# BABYSITTER'S EMERGENCY BOOKLET

**Our Address:**

**Our Phone Numbers:**

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**Emergency Phone #'s:**

**Local Police:** \_\_\_\_\_

**Local Fire:** \_\_\_\_\_

**Poison Control: (800) 222-1222**

3615 Harborview Drive NW, Suite C | Gig Harbor, WA 98332  
**tel:** 253.358.2215 | **web:** theharborlawgroup.com



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## OTHER CONTACTS

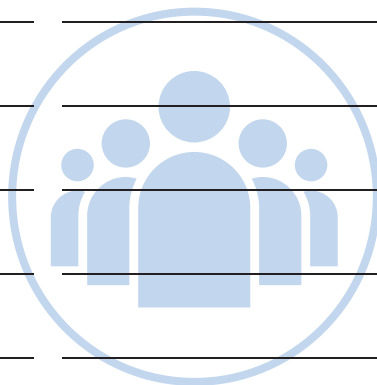
\*Please identify local contacts.  
*Suggestion: include a neighbor.*

**Name**

**Relationship**

**Phone #**

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____



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# CHILDREN'S MEDICAL INFO



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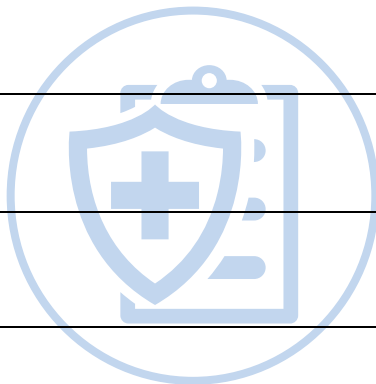
**Name(s):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Doctor Info:** \_\_\_\_\_

**Other:** \_\_\_\_\_



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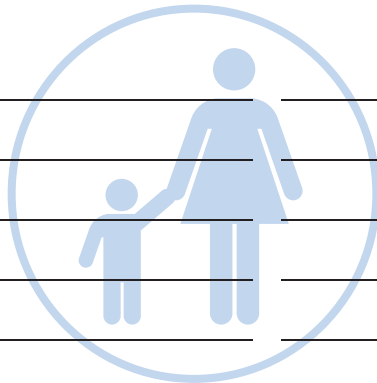
# LEGAL TEMPORARY CAREGIVERS FOR OUR CHILD(REN)



If we are temporarily unavailable to care for our child(ren) for any reason, we designate the following list of individuals, in order of preference, as legally competent and permissible to take custody of our child(ren) in our absence. Under no circumstances shall our child(ren) be taken into protective custody.

## Name and Phone #s:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



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By signing below, we authorize the people on the preceding page to have temporary custody of our child(ren) until the designated permanent guardian(s) arrive and take custody:

\_\_\_\_\_  
(Parent #1)

\_\_\_\_\_  
(Witness #1)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Parent #2)

\_\_\_\_\_  
(Witness #2)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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Our Guardianship (and/or Estate Plans) Paperwork is located:

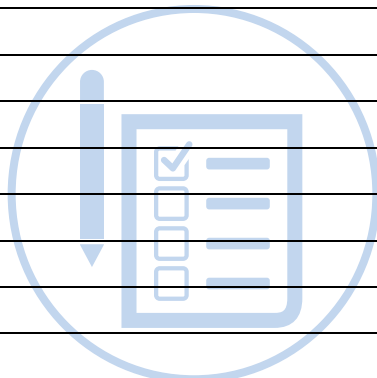
\_\_\_\_\_  
\_\_\_\_\_

3615 Harborview Drive NW, Suite C | Gig Harbor, WA 98332  
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## ADDITIONAL NOTES



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