Steps for Living
Education for all Life Stages

Babysitting Information

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

PARENTS

First and last names: _____

Father's cell: (____) _____ Mother's cell: (____) _____

NEIGHBORS

First and last names: _____

Phone number: (____) _____ Address: _____

_____
(Location in relation to house)

First and last names: _____

Phone number: (____) _____ Address: _____

_____
(Location in relation to house)

WHERE MOTHER WILL BE

_____
Location name address phone number

WHERE FATHER WILL BE

_____
Location name address phone number

DOCTOR INFORMATION

Pediatrician: _____
First and last name address phone number

Hematologist: _____
First and last name address phone number

Hemophilia Treatment Center (HTC): _____
Name address phone number

PREFERRED HOSPITAL

_____
Name address phone number

CHILD'S MEDICAL INFORMATION

Full diagnosis: _____

Instructions in the event of an injury: _____
(eg, call mother/father, call HTC)

Child's medication and specific instructions: _____
(eg, dosage, time to be given)

_____

Current conditions: _____
(eg, target bleed areas, current bleeds/bruising)

Other pertinent medical information: _____

DAILY ROUTINE (Can be specific or general)

CLOTHING

Clothing instructions: _____

Clothing suggestions: _____

FEEDING

Special food instructions: _____

Food preferences: _____

Meal Instructions: _____

Meal Suggestions: _____

- Breakfast: _____
- Lunch: _____
- Dinner: _____
- Snacks: _____

NAPS/BEDTIME INSTRUCTIONS

Routine: _____

Bed/nap time: _____
hh/mm am/pm

Snack: _____

Special instructions: _____

_____

DIAPERS/POTTY

Location: _____

Disposal of: _____

Special instructions: _____

_____

GENERAL INSTRUCTIONS (eg, TV time, play time, pets, expected deliveries, etc)

_____

_____

ITEMS LEFT FOR SITTER

Item name: _____
(eg, keys, money, etc)

Location: _____

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EMERGENCY INFORMATION

OUR NAMES	
Our address	
Directions to our house	
Nearest crossroad	

OUR PHONE (home)	
Mom's phone (work)	
Mom's mobile	
Dad's phone (work)	
Dad's mobile	

POLICE	911
Neighborhood watch	
Our alarm company	
Code for alarm system	Arm: Disarm:
Password	

FIRE	911
Location of fire extinguisher	
Ladder location	
Designated outdoor meeting place	

AMBULANCE	911
Location of our first aid kit	
Location of first aid books	
Hospital preferred	
Location of hospital permission forms	

INSURANCE	
Company name	
Phone number	
Group number	
Policy number	

POISON CONTROL CENTER	
Location of our poison control kit	

PEOPLE TO CONTACT IF NEEDED		
NEIGHBORS/RELATIVES TO CALL		
Name	Phone	Relationship
CHILDREN'S SCHOOL/PRESCHOOL/CHILD CARE		
Name	Phone	For Child

PEDIATRICIAN	
Practice/hospital	
Phone	

DENTIST	Phone: ( )

OTHER MEDICAL CARE	
Practitioner/specialty	
Phone	
Practitioner/specialty	
Phone	

PHARMACY	Phone: ( )

ANIMAL CARE	
Veterinarian	
Practice/hospital	
Phone	

POWER OUTAGE	Location	Special Instructions
Fuse box or breakers		
Extra fuses		
Flashlight and batteries		
Candles/matches		
GAS LEAK	**Location**	**Special Instructions**
Shut-off valve		
WATER LEAK/ FLOODING/SPILLS	**Location**	**Special Instructions**
Shut-off valve		
Mop/broom		
Rags/towels		
Vacuum cleaner		

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HOSPITAL RELEASE NOTE

Permission to Treat: _____
(child's name)

In the case of emergency I give _____ permission to seek treatment
(childcare provider's name)

for _____. I authorize emergency medical personnel to perform all
(child's name)

necessary procedures for the well-being of my child.

CRITICAL INFORMATION ABOUT MY CHILD	
Name: _____ (First) (Middle) (Last)	
SSN: _____ xxx-xx-xxxx	DOB: _____ mm/dd/yyyy

MEDICAL INFORMATION	
Physician:	
Practice:	Phone: ( )

HEALTH INSURANCE INFORMATION	
Provider:	
Address:	
Group#:	Subscriber #:

CRITICAL INFORMATION
Blood type:
Known allergies:
Regularly taken medications:

PREFERRED HOSPITAL

Signed: _____

_____
Print mother's first and last name relationship

_____
Print father's first and last name relationship

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MEDICAL AND DENTAL HISTORY

Child's name: _____

Blood type: _____

IMMUNIZATIONS/CHILDHOOD DISEASES			
Date	Immunization/Disease	Reaction	Special Notes

Tetanus Shot: _____

MEDICAL HISTORY		
Hospitalizations/Surgeries		
Date	Reason	Special Notes
Chronic Illnesses		
Date	Reason	Special Notes
Food, Drug, and Other Allergies		
Date Developed	Diagnosis	Treating Physician

DENTAL HISTORY		
Age/Date	Procedure Completed	Special Notes

Date:

- ☐ Fluoride _____
- ☐ X-rays _____
- ☐ Cavities _____
- ☐ Braces _____

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MISSING CHILD INFORMATION

Child's name: _____
First Middle Last Name

Child's nicknames: _____

Date information recorded: _____ mm/dd/yyyy	Social security number: _____ xxx-xx-xxxx
Date of birth: _____ mm/dd/yyyy	Race:
Place of birth:	Eyes:
Height:	Hair:
Weight: lb.	Blood type:
Location of fingerprints or DNA sample:	Significant markings: (eg, birthmarks)

(include recent photo of child)

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APPLIANCE INSTRUCTIONS

KITCHEN	
Disposal	
How to operate	
Location of switch	
Does the water need to be running?	
Do not put in	
Special instructions	
Microwave	
How to operate	
Settings to use	
Do not put in	
Stove/Oven	
How to operate	
Settings to use	
Special instructions	
Dishwasher	
How to operate	
How much soap	
Location of soap	
Special instructions	
Trash	
Location of trash	
Location of bags	
Where it goes outside	
When it is picked up	
Other	
Recyclables	
What can be recycled	
Special instructions (eg, cleaning/removing labels)	
Where to put recyclables	
When they are picked up	
Other	

LIVING ROOM	
VCR	
Directions on how to use	
Other	
DVD	
Directions on how to use	
Other	
Remote Controls	
Where they are kept	
Programming directions	
Other	
TV	
How to use TV/TV components	
Other	
LAUNDRY	
Washing Machine	
Settings to use	
Amount of detergent	
When to use bleach	
Sorting instructions	
Other	
Dryer	
Settings to use	
Use of static control	
How to remove lint	
Other	
HEATING AND AIR CONDITIONER	
Heating System	
Thermostat setting/program	
What to do if heat does not work	
Emergency contact	
Other	
Air Conditioning	
Settings	
What to do if air conditioning does not work	
Emergency contact	
Other	

ALARM SYSTEM	
Location	
How to operate	
Service/contact information	
Panic button instructions	
Password if alarm goes off (confidential)	
Other	
ADDITIONAL INFORMATION	
Indoors	
Outdoors	
INFORMATION ABOUT KEYS AND LOCKS	
Where to find extra keys (confidential)	
Other	