



## Babysitter's Checklist

### Provided by Lakes of the Four Seasons Fire Force

I expect to be home at this time: \_\_\_\_\_

Our cell phone numbers: \_\_\_\_\_

Who to call if you can't reach me:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Discuss the following details**

- |   |  |
|---|--|
| <input type="checkbox"/> Meals/Snacktime                    | <input type="checkbox"/> Bedtime/Naptime         |
| <input type="checkbox"/> Medicine/Allergies                 | <input type="checkbox"/> Rules for TV/Toys       |
| <input type="checkbox"/> Burglar Alarm                      | <input type="checkbox"/> First Aid Supplies      |
| <input type="checkbox"/> Home Fire Escape Plan              | <input type="checkbox"/> Possible Safety Hazards |
| <input type="checkbox"/> Appliances & Their Operation       | <input type="checkbox"/> Pets                    |
| <input type="checkbox"/> Smoke Detectors/Fire Extinguishers |  |

**In Case of Emergency: Fire – 911 Police – 911**

**Non-Emergency Phone Numbers:**

- Porter County Sherriff (219) 477-3000
- Lake County Sherriff (219) 755-3000
- Four Seasons Security (219) 988-2111

Our 911 address is \_\_\_\_\_

Our closest major intersection is \_\_\_\_\_

Our closest neighbor you can contact in an emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Children's Doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Closest Hospital \_\_\_\_\_ Hospital ER Phone Number \_\_\_\_\_

**Children's Insurance Information**

Provider \_\_\_\_\_ Group ID# \_\_\_\_\_

Insured's Name and ID# \_\_\_\_\_ Policy ID# \_\_\_\_\_

**Emergency Treatment Release**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Any licensed physician, dentist or hospital may give necessary emergency medical service to my child (YOUR CHILD'S FULL NAME) \_\_\_\_\_ at the request of the person bearing this consent form."

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Dates of Release