



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 _____