

Arlington Heights Fire Department Babysitter's Checklist



Parents' Names _____

Address _____

City _____ State _____ Zip _____

Phone Numbers _____

Children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Where can parents be reached? Time expected to return?

Emergency Numbers

Police _____ Fire _____

Doctor _____ Hospital _____

Poison Control _____ Neighbor _____

Relative _____ Relative _____

Discuss the following with parents

- Meals | Snacks
- Medicine | Allergies
- Burglar Alarm | Home Security System
- Smoke Detectors | Fire Extinguishers
- First Aid Supplies
- Home Fire Escape Plans
- Pets
- Possible Safety Hazards
- Rules for TV | Homework
- Bedtime | Naptime
- Appliances and their operation