



REFRIGERATOR LIST

Write your important information for the sitter. Remember, the more information you give the sitter, the better prepared they will be to care for your little ones.

My Name _____

Cell Phone _____

IN CASE OF EMERGENCY DIAL **911**

Children's Hospital of Philadelphia Poison Control
1-800-222-1222

Lobby / Doorman Desk _____

Pediatrician / Family Doctor Name _____

Doctor Phone Number _____

This Address _____

Nearest Cross-Street _____

Landline Phone Number at this Address _____