TEWKSBURY FIRE DEPARTMENT GUIDE FOR BABYSITTERS

IN THE EVENT OF AN EMERGENCY: DIAL 911

Family Name: _____

Child's Name	Age	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Street Address: _____

City / Town: _____

Number to contact parents: _____

Location of parents: _____

Hospital: _____ **Phone:** _____

Doctor's name: _____ **Phone:** _____

Poison Control Number: (Massachusetts) 1 - 800 - 682 - 9211

Local Fire Department Business Number: _____

Local Police Department Business Number: _____

Neighbor's name: _____

Neighbor's phone number: _____

Additional information: _____

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