

Family **INFORMATION CARD**

*Call 9-1-1 or the local emergency number,
_____, in an emergency.*

Family name:

Child information

Parent name:

Name, age, weight and hair and eye color

1. _____

1. _____

2. _____

Phone number:

2. _____

Parent 1:

Parent 2:

3. _____

Mobile phone number:

Parent 1:

Parent 2:

Allergies:

Address:

Medications:

E-mail address:

Parent 1:

Medical problems:

Parent 2:

Doctor's name:

Nearest cross-street:

Doctor's phone number:

Phone number and name of place where parent or guardian can be reached during babysitting job:

Name of preferred hospital to be used in an emergency:

Poison Control Center (PCC) Hotline:
(800) 222-1222

Neighbor's name and phone number:

Evacuation location:

Name and phone number of an adult who can make decisions if the parent cannot be reached:

Emergency contact:

Out-of-town contact information

Name: _____

Mobile Phone: _____

Daytime Phone: _____

E-mail: _____

Parental **CONSENT AND CONTACT FORM**

This form is to be completed and signed by the child's parent or legal guardian. The signature of the parent or legal guardian indicates permission for the babysitter to follow and act in accordance with these instructions. Use a separate form for each child.

Name of child: _____

Age: _____

Weight: _____

Date of birth: _____

Medical condition(s) of concern:

Allergies to medications:

Signal(s) to watch for:

List the child's prescription and over-the-counter medications. Be sure to include all medications; this will assist emergency medical services (EMS) personnel in the event of an emergency.

	Dose	How Given	When Given	Special Instructions (e.g., to be taken with water or food)	Possible Side Effects
Medication:					
Medication:					
Medication:					

I give permission for _____ (Babysitter) to administer medicine(s) to _____ (Child) in the manner described and to give basic first aid to the child named above and take the appropriate action including contacting emergency medical services (EMS) personnel. I give my permission to the Babysitter to contact EMS personnel and arrange for transportation to _____ or the nearest appropriate medical facility to receive the appropriate level of care as determined by qualified medical professionals. Further, I give permission to the appropriate medical facility to treat my child in the event of an emergency. In the event the child named above is injured or ill, I understand that the Babysitter will attempt to contact me, the other parent or legal guardian or the person I have designated to make decisions if I cannot be reached using the contact numbers listed below.

Contact Numbers _____ on _____ (hours/days)
_____ on _____ (hours/days)
_____ on _____ (hours/days)

Parent's/Legal Guardian's Name: _____

Name and phone number of an adult who can make decisions if the parent cannot be reached: _____

Contact Numbers _____ on _____ (hours/days)
_____ on _____ (hours/days)
_____ on _____ (hours/days)

Parent/Legal Guardian Signature

Date

Babysitter's **SELF-ASSESSMENT TOOL**

Answer these questions to discover your skills, abilities, likes and dislikes about babysitting. There is no right or wrong answer. Update the Babysitter's Self-Assessment Tool every 6 months.

Background and Experience

1. The number of babysitting jobs I have had is:
☐ None ☐ 1-3 ☐ 4-6 ☐ 7-10 ☐ More than 10
2. The most children I have cared for at one time is:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
3. The youngest child I have ever cared for is a(n):
☐ Infant (newborn to 12 months)
☐ Toddler (1 and 2 years)
☐ Preschooler (3 and 4 years)
☐ Younger school-age child (5, 6 and 7 years)
☐ Older school-age child (8, 9 and 10 years)
4. The oldest child I have ever cared for is a(n):
☐ Infant (newborn to 12 months)
☐ Toddler (1 and 2 years)
☐ Preschooler (3 and 4 years)
☐ Younger school-age child (5, 6 and 7 years)
☐ Older school-age child (8, 9 and 10 years)
5. My longest babysitting job lasted:
☐ 1 hour ☐ 2-3 hours ☐ 3-5 hours ☐ 5-8 hours
☐ More than 8 hours

6. I have accepted babysitting jobs (check all that apply):

- | | |
|---|---|
| <input type="radio"/> On weekdays | <input type="radio"/> In my neighborhood |
| <input type="radio"/> On weeknights | <input type="radio"/> Outside my neighborhood |
| <input type="radio"/> On weekend days | <input type="radio"/> On weekend nights |
| <input type="radio"/> During vacation times | <input type="radio"/> During the school year |

special skills and Abilities

7. My special abilities include (check all that apply):

- | | | |
|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="radio"/> Music | <input type="radio"/> Patience | <input type="radio"/> Like kids |
| <input type="radio"/> Arts and crafts | <input type="radio"/> Creativity | <input type="radio"/> Sports |
| <input type="radio"/> Good student | <input type="radio"/> Storytelling | <input type="radio"/> Sense of humor |
| <input type="radio"/> Other: _____ | | |

8. My leadership and babysitting skills include (rate your ability):

Making good decisions

Very good ☐ Good ☐ Needs work ☐

Problem solving

Very good ☐ Good ☐ Needs work ☐

Staying calm in an emergency

Very good ☐ Good ☐ Needs work ☐

Communicating well with children

Very good ☐ Good ☐ Needs work ☐

Role modeling positive behavior

Very good ☐ Good ☐ Needs work ☐

Recognizing and respecting differences among children and families

Very good ☐ Good ☐ Needs work ☐

Correcting misbehavior appropriately

Very good ☐ Good ☐ Needs work ☐

Recognizing and making considerations for the developmental stages of children at different ages

Very good ☐ Good ☐ Needs work ☐

Assessing babysitting jobs and gathering the necessary information before they begin

Very good ☐ Good ☐ Needs work ☐

Acting professionally at all times

Very good ☐ Good ☐ Needs work ☐

9. My safety and first aid skills include (rate your ability):

Recognizing and removing or limiting safety-related problems

Very good ☐ Good ☐ Needs work ☐

Supervising children at all times

Very good ☐ Good ☐ Needs work ☐

Choosing appropriate toys and activities for children of different ages

Very good ☐ Good ☐ Needs work ☐

Recognizing and acting promptly in an emergency

Very good ☐ Good ☐ Needs work ☐

Giving appropriate care for children of different ages

Very good ☐ Good ☐ Needs work ☐

Check all that apply:

☐ Being certified in American Red Cross CPR—Child and Infant

☐ Being certified in American Red Cross Standard First Aid

10. My basic child care skills include (rate your ability):

Diapering

Very good ☐ Good ☐ Needs work ☐

Feeding children with a bottle or a spoon

Very good ☐ Good ☐ Needs work ☐

Helping children get rest and sleep

Very good ☐ Good ☐ Needs work ☐

Picking up and holding children correctly

Very good ☐ Good ☐ Needs work ☐

Giving appropriate care for children of different ages

Very good ☐ Good ☐ Needs work ☐

Preferences

11. I prefer to care for (check all that apply):

- ☐ One child at a time
- ☐ Infants
- ☐ Toddlers
- ☐ Preschoolers
- ☐ School-age children

12. The time of day I can babysit is:

- ☐ Mornings ☐ Afternoons
- ☐ Evenings ☐ Nights

13. I absolutely do NOT want to babysit when:

Parent Assessment

14. My parents or guardians will (check all that apply):

- ☐ Take me to and from jobs.
- ☐ Be available by phone when I am on the job.
- ☐ Tell me which jobs they will not allow me to accept.
- ☐ Tell me their rules for my babysitting jobs.
- ☐ Work with me to make sure that my babysitter's first aid kit is fully supplied for each babysitting job.

15. My parents or guardians will not allow me to accept these jobs:

16. My parents' or guardians' rules for my babysitting jobs are:

Safety **INSPECTION** **CHECKLIST**—Check It Out!

For Emergencies

- ☐ The emergency phone list has been filled out and is posted.
- ☐ The first aid kit is properly stocked and stored away.
- ☐ I know where the working flashlights, battery-operated radio and extra batteries are located.

To Prevent Wounds

- ☐ Knives, hand tools, power tools, razor blades, scissors, guns, ammunition and other objects that can cause injury are stored in locked cabinets or locked storage areas.

To Prevent Falls

- ☐ Safety gates are installed at all open stairways when babysitting small children and infants.
- ☐ Windows and balcony doors have childproof latches or window guards.
- ☐ Balconies have protective barriers to prevent children from slipping through the bars.
- ☐ The home is free of clutter on the floors, especially on or near stairways.

To Prevent Poisoning

- ☐ Potential poisons, like detergents, polishes, pesticides, car-care fluids, lighter fluids and lamp oils, are stored in locked cabinets and are out of reach of children.
- ☐ Houseplants are kept out of reach.
- ☐ Medicine is kept in a locked storage place that children can't reach.
- ☐ Child-resistant packaging is closed or reclosed securely.

To Prevent Burns

- ☐ Safety covers are placed on all unused electrical outlets.
- ☐ Loose cords are secured and out of the way. Multi-cord or octopus plugs are not used.
- ☐ At least one approved smoke alarm is installed and operating on each level of the home.
- ☐ Space heaters are placed out of reach of children and away from curtains.
- ☐ Flammable liquids are securely stored in their original containers and away from heat.
- ☐ Matches and lighters are stored out of reach of children.
- ☐ Garbage and recycling materials are stored in covered containers.

To Prevent Drowning

- ☐ Swimming pools and hot tubs are completely enclosed with a barrier, such as a locked fence, gate and cover.
- ☐ Wading pools and bathtubs are emptied when not in use.
- ☐ Toilet seats and lids are kept down when not in use.
- ☐ Bathroom doors are kept closed at all times.
- ☐ Buckets or other containers with standing water are securely covered or emptied of water.

To Prevent Choking and Other Breathing Dangers

- ☐ Small objects are kept out of children's reach.
- ☐ The toy box has ventilation holes. If there is a lid, it is a lightweight removable lid, a sliding door or panel or a hinged lid with a support to hold it open.
- ☐ The crib mattress fits the side of the crib snugly and toys, blankets and pillows are removed from the crib.
- ☐ Drape and blind cords are wound up and not dangling.

Fact Sheet—Shaken Baby

Shaken Baby Syndrome (SBS) can seriously injure the brain and can have a damaging impact on an infant's body. Some of the immediate effects are mild, some are severe, but all can have a lifelong effect.

Facts to Remember:

- The growing bodies of infants are particularly susceptible to injury.
- The size and weaknesses of an infant's body make the infant at risk for injury.
- Just shaking an infant one time can have lifelong effects on the infant's body and ability to learn.

Although an infant may look normal after being shaken, some injuries may show up later. **NEVER SHAKE AN INFANT OR CHILD!**

Types of Injuries

- Bleeding in the brain
- Bleeding in the eye
- Damage to the spinal cord and neck
- Fractures to the long bones (i.e., arms and legs), ribs and skull
- Swelling of the brain

Signals

- Vomiting
- Seizures and convulsions (sudden, violent and involuntary contraction of the muscles)
- Decreased appetite
- Breathing problems
- Bruising
- Inability to lift head
- Irritability: May be easily upset, lose temper, become angry for little or no reason or cry easily
- Lethargy: May seem unusually tired or disinterested during activity of any kind

Results

- ◉ Brain damage
- ◉ Blindness
- ◉ Hearing loss
- ◉ Paralysis
- ◉ Cerebral palsy (neurological [nervous system] disorder that affects body movement and muscle coordination)
- ◉ Coma
- ◉ Death: Occurs in 20 percent of cases

Delayed Results:

- ◉ As a child's body grows, so do the cells in the brain. Shaken baby syndrome (SBS) can delay or interrupt that growth.
- ◉ Poor balance and coordination
- ◉ Poor vision
- ◉ Delayed development, including language
- ◉ Mental retardation
- ◉ Memory and attention deficits
- ◉ Depression