

Emergency Household Information



Phone numbers for:

Police: _____

Fire: _____

Ambulance: _____

Poison Control: _____

Name and phone for:

Doctor: *name* _____

Doctor: *phone* _____

Dentist: *name* _____

Dentist: *phone* _____

Veterinarian: *name* _____

Veterinarian: *phone* _____

Taxi service: *name* _____

Taxi service: *phone* _____

Your name: _____

Your address: _____

Your home phone: _____

Nearest cross streets: _____

Host parents' number(s) at work: _____

Should this number be given to other people who call?: _____

Name, address and phone of nearest relative or adult to whom you would give responsibility in your absence:

Child(ren)'s birthdate(s): _____

Allergies, special medications: _____

Name, address and phone(s) for child(ren)'s school(s):

Name of your health insurance coverage and policy number: _____

Location of signed permission slip in case of medical emergency: _____

Preferred hospital or emergency medical service: _____

Cars

Name, location and phone of preferred mechanic and/or tow service: _____

Emergency road service that applies to car driven by Au Pair: _____

Car insurance information: _____

Home Safety

Electric power company emergency number: _____

Electrician name and number: _____

Plumber name and number: _____

Heating system: Phone number for repair service or oil dealer: _____

Gas meter: Phone number for gas company: _____

Security or Alarm system: Phone number(s) for emergencies and service: _____

Names of service people who may be coming to your house (house cleaning, lawn care, etc.):
