

SITTERS GUIDE

Parent Contact Information

Where we will be: _____ Phone for location: _____

Cell Phone 1: _____ Cell Phone 2: _____

If you can't reach us, call: _____

Seizure Information and First Aid

Seizure Type	Typical Length	Frequency	Description	First Aid Response

Medications

Name of Medication	Dosage	Times Given	Route (oral, rectal)	Form (liquid, pill)	Notes

In Case of Emergency

My child's seizure is an emergency when: _____

Doctor's name: _____ Doctor's phone: _____

Hospital information: _____

Name of my child's condition(s): _____

Health insurance: _____ Policy number: _____

Whom to call first: _____

What to do until help arrives: _____

Restrictions

Please do not let my child: _____

Notes

