

## All About Me!

My name: \_\_\_\_\_

My address: \_\_\_\_\_

My phone number: \_\_\_\_\_

My date of birth: \_\_\_\_\_

## When I Sleep

- \* Only place me on a firm mattress in my crib.
- \* Remove pillows, quilts, comforters, toys, and other soft products from my crib.
- \* Place me on my **back** for naps and bedtime.
- \* If I need a blanket, make sure it comes up no higher than my chest and is tucked under the mattress.
- \* Make sure my head and face are uncovered.
- \* At all times, provide me with a smoke-free environment.

## When I Play

- \* Supervise me at all times.
- \* Place me on my tummy. It will help me strengthen my neck and shoulder muscles.
- \* My toys should be big enough that they do not fit into my mouth, nose, or ear.
- \* My toys should not have sharp edges, loose ribbons, strings, or removable parts.
- \* Remember, **no balloons!**



New York State  
Office of  
Children & Family  
Services

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## Remember NEVER EVER SHAKE ME!



## My Day

Mealtime: \_\_\_\_\_

Naptime: \_\_\_\_\_

Playtime: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## When I cry, check to see if I am:

- |            |                     |
|------------|---------------------|
| * Wet      | * Have a fever      |
| * Tired    | * Bored             |
| * Hungry   | * Lonely            |
| * Too hot  | * Scared            |
| * Too cold | * Sprouting a tooth |

**It's OK to call my mom or dad  
if you're not sure what to do!**

## I Like:

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

## I Don't Like:

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

## All About My Baby Sitter!

Your name is: \_\_\_\_\_

Your address: \_\_\_\_\_

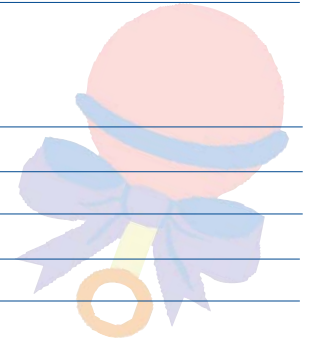
Your phone number: \_\_\_\_\_

Things we should know about you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Messages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Emergency Phone Numbers

My parent's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

My neighbor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

My doctor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fire Station: \_\_\_\_\_

Poison Control: **1-800-222-1222**

Other: \_\_\_\_\_

Parent Helpline: **1-800-342-7472**

**When in doubt, call 911.**

