



Take Good Care Card

Our home information:

Name _____

Address _____

Phone _____

Where we'll be:

Name _____

Address _____

Phone _____

When we'll return: _____

While we're gone...

meal time/snack time: _____

bedtime: _____

medication instructions: _____

special instructions: _____

discipline instructions: _____

You'll find...

the house key here: _____

first aid supplies here: _____

snacks here: _____

Other important info:

Police/Fire/Ambulance **911**

Doctor: _____ Phone _____

Neighbor: _____ Phone _____

Other: _____ Phone _____



Prevent Child Abuse Indiana

Partially funded by the Indiana Department of Child Services,
402 W. Washington Street, Indianapolis, IN 46204-2739.

The Department of Child Services does not discriminate
on the basis of race, color, religion, sex, age, disability, national origin or ancestry.



Tarjeta de Cuidado

Nuestro hogar:

Nombre _____

Dirección _____

Numero de telefono _____

Estaremos:

Nombre _____

Dirección _____

Numero de telefono _____

Regresaremos a: _____

Hasta regresar...

hora de comer/hora de bocadillo: _____

hora de dormir: _____

instrucciones del medicamento: _____

instrucciones especiales: _____

instrucciones de disciplina: _____

Encontrara...

la llave de la casa aqui: _____

suministros de los primeros auxilios aqui: _____

bocadillos aqui: _____

Otra informacion importante:

Policia/Bomberos/Ambulancia **911**

Pediatra: _____ telefono _____

Vecino: _____ telefono _____

Otro: _____ telefono _____



Prevenca el Abusa Infantil Indiana

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