Insert Child Photo Here

Life-Prints

Babysitter/Nanny Information

Child's Name:

Nickname: Age

Parents:

Emergency Contact Numbers:

Alternate Emergency Contact number:

Name of Physician:

Physician Contact Number:

"Child's Name" is allergic to:

Medication "Child's Name" must be given:

Times medicine should be taken:

"Child's Name" has the following medical conditions:

Time "Child's Name" naps from:

"Child's Name" likes to sleep with her:

"Child's Name" favourite activities are:

"Child's Name" favourite food/drinks are:

"Child's Name" has a fear of:

Additional information about "Child's Name":