

Babysitter Notes

We will be home at: _____

Our Contact Info

Mom's Phone: _____ Dad's Phone: _____

Where we will be:

Notes & Instructions

Activities **Meals** **Bed Time**

In Case of Emergency

Emergency: _____ Po _____

Poison Ctrl: _____ Doc _____

Our address:

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My Child ID Profile

Today's Date: _____

Full Name: _____

Nickname: _____ Date of Birth: _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____ Primary caregiver: _____

School: _____ Grade: _____

School's Phone: _____ SSN: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Birthmarks: _____

Scars: _____ Blood Type: _____

Distinctive Moles: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

Glasses Contacts Braces Prosthetics Other: _____

Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky
Left Thumb	Left Index	Left Middle	Left Ring	Left Pinky

Close-up Face Image

[Click to Add Photo](#)

Full Body Image

[Click to Add Photo](#)

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