



PERSONAL INFORMATION

Address: _____

City: _____ Zip/Postal Code: _____

State/Province/Region: _____ Country: _____



PHYSICAL CHARACTERISTICS

Sex: Female Male

Race/Ethnicity: _____

Hair Color: _____

Eye Color: _____

Height	Weight	Date



DISTINGUISHING CHARACTERISTICS

My child wears or has:

Glasses Contacts Braces Birthmarks Piercings Tattoos

Special Needs: _____

Other: _____

Last Name: _____

First/Middle Name: _____

Nickname: _____

Date of Birth: _____



MEDICAL INFORMATION

Physician's Name: _____



Emergency Contact: _____



Emergency Contact: _____

Office #: _____

Relationship: _____

Relationship: _____

Allergies/Conditions: _____

Cell #: _____

Cell #: _____

Medications: _____

Home #: _____

Home #: _____

Blood Type: _____

Work #: _____

Work #: _____



FINGERPRINTS

Fingerprints are critical to a complete child identification record and should be taken by trained individuals, such as law-enforcement personnel.

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