





**PLACE  
PHOTO HERE**

Remember to use a high-resolution, head-and-shoulders photo of your child, and update it every 6 months.



## 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