

Child/Adolescent's Name \_\_\_\_\_

Date Form Completed \_\_\_\_\_

[Yellow box for name]

Nickname \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Place photo here  
Date of Birth \_\_\_\_\_

Primary Emergency Contact  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_

Child's Residence \_\_\_\_\_

Physical Description  
Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Glasses  Yes  No  
Race  White  African-American  Hispanic  Asian  Other  
Identifying marks on body \_\_\_\_\_  
Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Child Identification and/or Tracking Mechanism  
(e.g. medical tag, bracelet, rapid Search & Rescue Response program)

Primary Method of Communication

Other Medical Issues (including allergies)

Dietary Concerns

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Fears/Challenges

Triggers

Likes/Interests

Places Likely to Go

