

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

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

[Yellow box for name]

[Box for Nickname]

Nickname

[Box for Legal Guardian]

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...

Interests...

Places likely to go...