

Right Thumb

Right Index

Right Middle

Right Ring

Right Pinky

	City:	Zip/Postal Code:
PLACE PHOTO HERE	State/Province/Region:	Country:
	PHYSICAL CHARACTERISTICS	
Remember to use a high-resolution, head-and shoulders photo of your child, and update it every 6 months.	Sex: Female Male	Height Weight Date
	Race/Ethnicity:	
	Eye Color:	
	DISTINGUISHING	G CHARACTERISTICS
Last Name:	My child wears or has:	
First/Middle Name:	Glasses Contacts Bra	aces Birthmarks Piercings Tattoos
Nickname:	Special Needs:	
Date of Birth:	Other:	
MEDICAL INFORMATION	Tecnomonialisatori, saankalainajatiinsa kerittossa kajikkissa kajikatos, matuuska sulmaalajatka kilkissa Luussa seustakaa	
Physician's Name:	Emergency Contact:	Emergency Contact:
Office #:	Relationship:	Relationship:
Allergies/Conditions:	Cell #:	Cell #:
Medications:	Home #:	Home #:
Blood Type:	Work #:	Work #:
FINGERPRINTS	ecitoriamano en entra de la respenición de entra de la companya de la companya de la companya de la companya d	
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

PERSONAL INFORMATION

Address: