

Child Identification

Date This Is Completed: _____

Child's Birth Date: _____

Child's Name: _____

Nickname: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

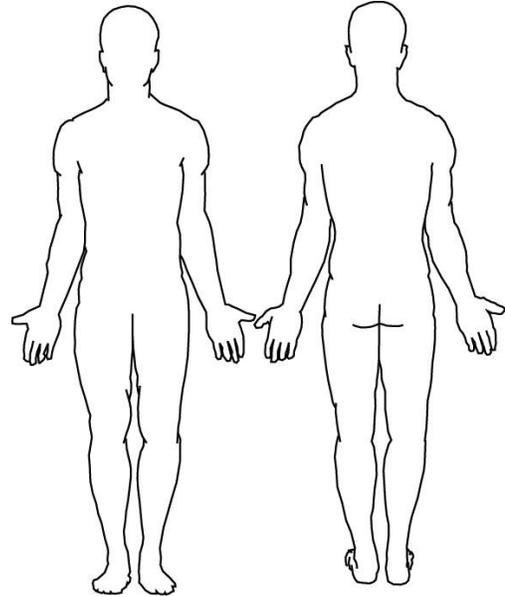
Medications: _____

Chronic Allergies/Illnesses: _____

My child wears:

glasses contact lenses braces on teeth

Others: _____



Identifying marks (Birthmarks, scars, etc.)

Features and Characteristics: _____

Photo	Fingerprints				
	Left Pinkie	Left Ring	Left Middle	Left Index	Left Thumb
Date of Picture: _____					
	Right Thumb	Right Index	Right Middle	Right Ring	Right Pinkie