

Child ID Program Data Sheet**Please Print**

First Name	
Middle Name	
Last Name	
Nick Name	
Parent / Guardian Name	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Glasses	
Race	
Date of Birth	
Distinguishing Marks	
Other Health Considerations	
Primary Phone Number	
Alternative Phone Number	
Alternative Phone Number	
Home Address	
Zip Code	
City	
State	