

Child ID Program

Please Print Clearly. **We do not keep any data.**

The parent is the only one with the record when completed.

• 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	
• Alternative Phone	
• Address	
• Zip	
• City	
• State	

6 video Interview Questions

What is your name?

What is your best friends name?

How do you get home from school?

Where is your favorite place to play?

Where do you like to go when you are upset?

What color is your bike?

The CD you receive can be viewed on any computer containing a CD drive. In the event your child is missing give the completed CD to the responding police agency. Keep the CD in your sock drawer. When your child goes anyplace take or send the CD with you. You can email the PDF form to the location your child may be staying.

Print Name of Child: _____

Age: _____

Print name of parent or guardian _____

I'm the Parent or Guardian of this child and give my full permission for him / her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date: ____ / ____ / ____ Signature of parent or guardian: _____