



# Child's Personal Information



Fill out one of these forms completely and carefully for each of your children. Make extra copies, if needed. If you don't know the answer to a question – find it out! Keep this form, along with a current child identification kit, in a safe place where it can be readily obtained, if needed. Fill this out in pencil or on a computer so it can be easily updated. Use additional sheets of paper, if needed.

CHILD'S NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

CHILD'S DATE OF BIRTH: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

LIST ANY SCARS, MARKS, TATTOOS, OR SURGICAL IMPLANTS.  
\_\_\_\_\_  
\_\_\_\_\_

DOES THE CHILD WEAR GLASSES? \_\_\_\_\_ BRAND & STYLE \_\_\_\_\_

NICKNAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S EMAIL ADDRESS (ES) \_\_\_\_\_

\_\_\_\_\_

PASSWORDS? \_\_\_\_\_

CHILD'S FACE BOOK, MY SPACE, OR OTHER SUCH SITES? \_\_\_\_\_

\_\_\_\_\_

DOES THE CHILD PARTICIPATE IN AFTER SCHOOL, CHURCH, OR OTHER ORGANIZED ACTIVITIES? IF YES, LIST EACH, ITS LOCATION, CONTACT PERSON AND PHONE, AS WELL AS THE SCHEDULED DAYS AND TIMES OF THE ACTIVITIES.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**NAMES, ADDRESSES, AND PHONE NUMBERS OF BABYSITTERS OR OTHER CAREGIVERS, INCLUDING FAMILY.**

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**LIST OTHER FAMILY** \_\_\_\_\_

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**WHERE ARE THE PLACES THE CHILD ENJOYS VISITING? INCLUDE NAME, LOCATION, AND PHONE NUMBER. (INC. PLAYGROUND, MALL, SPORTS FIELDS, THEATERS, ETC.)**

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**LIST ALL OF THE CHILD'S FRIENDS THAT YOU CAN THINK OF. INCLUDE ADDRESS AND PHONE NUMBER ALONG WITH PARENTS' NAMES.**

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**DOES THE CHILD HAVE AN IDENTIFICATION KIT WITH CURRENT PHOTO? (IF SO, ATTACH TO THIS.)**

**DOES THE CHILD KEEP A JOURNAL OR DIARY? \_\_\_\_\_ WHERE IS IT KEPT? \_\_\_\_\_**

**DOES THE CHILD HAVE OR USE A COMPUTER? \_\_\_\_\_ PASSWORD? \_\_\_\_\_**

**LOCATION OF COMPUTER** \_\_\_\_\_

**LIST NAME, ADDRESS AND PHONE NUMBER OF CHILD'S DOCTOR (S) AND DENTIST.**

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**HAVE THE CHILD SIGN THE LINE BELOW IN THEIR NORMAL HANDWRITING.**

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**REMEMBER TO KEEP THIS FORM, ALONG WITH AN IDENTIFICATION KIT, WITH THE MISSING CHILD FORM AND THE BROCHURE IN A SAFE PLACE AT HOME. FEEL FREE TO REQUEST MORE AT THE LOCATIONS GIVEN IN THE BROCHURE. REQUEST A FINGERPRINT/DNA I.D. KIT FROM YOUR LOCAL POLICE DEPARTMENT AND ALWAYS KEEP A CURRENT PHOTO OF YOUR CHILD WITH THIS DOCUMENT IN A SAFE PLACE.**