DIRECTIONS: Save a copy of this document on your computer or phone, and print multiple copies and keep in a safe location.

DATE COMPLETED:

## Child's Information

## Full Name:

Nickname(s):

## Birthdate:

| Height: | 5 | Feet 11 | Inches |
| :--- | :--- | :--- | :--- |
| Weight: |  | Pounds |  |
| Gender: | Male |  |  |
| Race: | Black/African-American |  |  |
| Eye Color: | Blue |  |  |
| Hair Color: | Black |  |  |

Unique Features/Physical
Characteristics:
(Glasses, Birthmarks, Scars, Tattoos,
Piercings, Braces, Etc.)
Current Address:

Any Recent Address(es):

| Child's Cellphone Number: | $\square$None <br> Cellphone Carrier: |
| :--- | :--- |

## Family Pet(s):

## Unique Information About Your Child:

(Please enter any information that is unique about your child that could help investigators or searchers.)

## Medical Information

| Special Needs/Medical Conditions: | $\square$ None |
| :--- | :--- |
| Allergies: | $\square$ None |
| Current Medications: | $\square$ |

## Additional Information

What are your child's favorite toys or activities, right now?

Do you have a family pet? Is the pet missing?

Does your child have a bike, scooter, or hoverboard? Is it missing?

Does he/she like to climb, play in the water, play hide and seek, or have other favorite outdoor activities?

What are the most recent places you've been?

Any other information that might be helpful to pass along?

## Current Photographs

Please use high-quality, full-face images that clearly show your child's image.


