Child Identification Card

Name

_____

Address

_____

City State Zip

_____

Date of Birth / Race / Sex / Height / Hair / Eyes

_____/_____/_____/_____/_____/_____

Authorization of Parent or Guardian Attach Current Photo

_____

Identifying Scars or Birthmarks

_____

Date of Photo _____ Troop Number _____

Mother's Name _____

Address _____

Phone Number (_____)_____ Work Number (_____)_____

Emergency Number (_____)_____

Father's Name _____

Address _____

Phone Number (_____)_____ Work Number (_____)_____

Emergency Number (_____)_____

Scout's Nearest Relative _____

Phone Number (_____)_____

Medications Scout May Be Taking _____

Illness and Allergies _____

Additional Information _____

_____