

A COMMUNITY SERVICE OF



For more information about Guardian's 24-hour home security systems

CALL 1.800.PROTECT

For more information on our community partnership programs,
please contact community@guardianprotection.com



CHILD ID PACKET



THIS PHOTOGRAPH WAS TAKEN:

Date

Date

Date

Date

Date

Date

PHOTOS SHOULD BE UPDATED EACH YEAR!

CHILD HISTORY

Full Name _____

Nickname _____

Address _____

Phone Number _____

Date of Birth _____ Age _____

Race _____ Sex _____

Height _____ Weight _____

Eye Color _____ Glasses yes no

Hair Color _____ Style _____

Distinguishing Features _____

Physical Handicaps _____

Medications _____

Frequency _____

Other Information _____

CHILD FINGERPRINTING

I, _____ (parent/guardian) authorize this police department or organization to fingerprint and photograph my child for the purpose of identification. I understand that the fingerprints and photograph will be given to me for use in case of emergency.

LEFT FOUR FINGERS

**LEFT
THUMB**

**RIGHT
THUMB**

RIGHT FOUR FINGERS