



Minnesota KidsID

A Child Safety Program

Child Information Form

First Name _____

Middle Name _____

Last Name _____

Nickname _____

Parent/Guardian Name _____

Other Notes & Health Considerations _____

Primary Phone Number _____

Alternate Phone Number _____

Alternate Phone Number _____

Street Address _____

City, State & Zip _____

Gender: **Male** **Female** Height: _____ Weight: _____
(Circle One)

Eye Color:

(Circle One)

Brown – Dark

Brown – Light

Green

Gray

Hazel

Blue

Hair Color:

(Circle One)

Blond

Black

Brown – Light

Brown – Dark

Red

Shaved

White

Glasses:

(Circle One)

Yes

No

Race: (Circle One) African-American, Asian,

Caucasian, Chinese, Black, Hawaiian,

Hispanic, Indian, Japanese, Korean, Latino, Mexican,

Middle Eastern, Native American, White

Month of Birth _____ Day _____ Year _____

Distinguishing Marks _____