

Special Circumstances Child Identification Information Sheet

First Name	Last Name
------------	-----------

Address

DOB	Height	Weight
-----	--------	--------

Hair Color	Eye Color
------------	-----------

Telephone Number

Mother's Name	Cell Number
---------------	-------------

Father's Name	Cell Number
---------------	-------------

Other Contact	Cell Number
---------------	-------------

Relation

Favorite Superhero	Favorite Food
--------------------	---------------

Nickname that child/person likes to be called	
---	--

Favorite Places to visit	
--------------------------	--

Favorite TV shows	
-------------------	--

Favorite Sports/Teams	
-----------------------	--

Favorite Band/Song	
--------------------	--

Favorite places around town	
-----------------------------	--

Favorite Animal(s)	
--------------------	--

Favorite Game	
---------------	--

Favorite Hiding Spot	
----------------------	--

I, _____, understand the information contained on this form will be retained by Seekonk Public Safety Communications. The information in this form is confidential and is only to be used by public safety personnel for the purpose of identification and the assistance with a child who has special circumstances. This information may be shared with emergency responders during an incident or encounter with the individual(s) listed.