



# SAFE SURFIN' AND MOOSE



## CHILD ID Information Form

Please PRINT all information clearly

EVENT DATE: \_\_\_\_\_

RETURN THIS FORM TO PARENT/GUARDIAN

CHILD'S FIRST NAME: \_\_\_\_\_

CHILD'S MIDDLE NAME: \_\_\_\_\_

CHILD'S LAST NAME: \_\_\_\_\_

CHILD'S NICKNAME: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

GLASSES: \_\_\_\_\_ RACE: \_\_\_\_\_ BIRTH MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ BIRTH YEAR: \_\_\_\_\_

DISTINGUISHING MARKS: \_\_\_\_\_

OTHER NOTES AND HEALTH CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_

**\*\*Note\*\*** The Safe Surfin' Foundation and Moose International respect your family's privacy. This confidential information is not saved or recorded in any way. This form is returned to you and should be stored in a safe place or disposed of properly. (i.e. shredded)

Please visit:  
[www.safesurfin.org](http://www.safesurfin.org)

*To learn more about all of our child safety initiatives!*

