



SAFE SURFIN' AND MOOSE



CHILD ID Information Form

Please PRINT all information clearly

EVENT DATE: _____

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

To learn more about all of our child safety initiatives!

