AGES 9 - 13



TN KIDKIT

DIRECTIONS: Save a copy of this document on your computer or phone, and print multiple copies and keep in a safe location.

DATE COMPLETED:

Child's Information Full Name: Nickname(s): Birthdate: Feet Height: Inches Weight: **Pounds** Gender: Race: **Eye Color: Hair Color: Unique Features/Physical Characteristics:** (Glasses, Birthmarks, Scars, Tattoos, Piercings, Braces, Etc.) **Current Address:** Any Recent Address(es): **Child's Cellphone Number:** None **Cellphone Carrier:** N/A Family Pet(s): **Unique Information About Your Child:** (Please enter any information that is unique about your child that could help investigators or searchers.)

Medical Information

Special Needs/Medical Conditions:	None
Allergies:	None
Current Medications:	None

Social Media Information

List All Known Social Media Accounts & Login Information:

List All Known Email(s) & Login Information:

Additional Information

Does your child have friends who drive? Who are they?

Do you have a family pet? Is the pet missing?

Who are your child's best friends? Do they have cell phones?

Any other information that might be helpful to pass along?

Current Photographs

Please use high-quality, full-face images that clearly show your child's image.