## BIRTH - <u>3</u>





# **TN KID**KIT

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

#### **Additional Information**

What are your child's favorite toys or activities, right now?

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

Does your child have an imaginary friend? Who is it?

Does he/she like to climb, play in the water, play hide and seek, or have other favorite outdoor activities?

What are the most recent places you've been?

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.