

PHYSICAL INFORMATION

HAIR COLOUR _____

EYE COLOUR _____

RACE _____

BRACES YES NO
GLASSES YES NO

HEIGHT _____

WEIGHT _____

FRONT



BACK



INDICATE ANY IDENTIFYING MARKS ON THE PICTURE AND SPACES ABOVE.
(BIRTHMARKS, SCARS, MOLES, BROKEN BONES, PROSTHETICS, ETC.)



PERSONAL SAFETY

ID a Kid Kit



BEAR
PROGRAMME

CHILD'S FULL NAME

THIS KIT WAS COMPLETED ON ____ / ____ /20 ____

**KEEP IN A SAFE, ACCESSIBLE PLACE
FOR YOUR RECORDS ONLY**

HOME NUMBER _____

FATHER'S CONTACT NUMBER _____

FATHER'S NAME _____

MOTHER'S CONTACT NUMBER _____

MOTHER'S NAME _____

TOWN _____

SUBURB _____

CODE _____

STREET ADDRESS _____

FEMALE
 MALE

AGE _____

DATE OF BIRTH ____ / ____ / ____

IDENTITY _____

FIRST NAME _____

LAST NAME _____

INITIALS _____

PERSONAL INFORMATION

MEDICAL INFORMATION

ATTACH A RECENT
PHOTOGRAPH HERE

DATE OF PHOTOGRAPH ____ / ____ /20 ____