



EZ ID



— Vital Information Form — Child ID Program

****Note**** 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 PRINT all information clearly

Subject's LAST NAME: _____

Subject's FIRST NAME: _____ Subject's MIDDLE NAME: _____

SUFFIX: _____ Subject's NICKNAME: _____

GENDER: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

RACE: _____ DATE OF BIRTH (MM/DD/YYYY): _____/_____/_____

ANY DISTINGUISHING MARKS: _____

OTHER NOTES AND HEALTH CONDITIONS: _____

PARENT/GUARDIAN'S NAME: _____

PRIMARY PHONE #: _____ ALTERNATE PHONE #: _____

ADDRESS: _____

ZIP CODE: _____ CITY: _____ STATE: _____

TODAY'S DATE: _____/_____/_____ LOCATION: _____



SafeSurfin.org

Safe Surfin' Foundation is a registered 501(c)(3) nonprofit organization founded in 1998