



Child Identification Program - Information Collection Sheet

Providing any of the below information is voluntary, however the more information you provide, the better this resource will work for you if it is needed. Remember—the Masonic Children's Foundation retains none of this information

First Name: _____ Middle Initial: _____

Last Name: _____

Nickname: _____

Birth Date: _____ (MMDDYYYY, e.g. 04162008)

Place of Birth: _____ (e.g. Independence, MO)

Home Street Address: _____

Street Address 2nd line: _____

City: _____

State: _____ Zip code: _____

Home Phone Number: _____

Child's Phone Number: _____

CIRCLE ONE IN EACH CATEGORY:

Gender: Male Female

Predominate Race: Asian Black/African-Amer Hispanic Native American Caucasian/White

Eye Color: Black Blue Brown Green Gray Hazel
 Maroon Pink Multicolored Unknown

Hair Color: Bald Black Blue Brown Blonde/Strawberry
 Green Orange Purple Pink Red/Auburn Unknown

Height _____ feet _____ inches

Weight: _____ pounds

Distinguishing Marks: _____

(e.g. scars, moles, birthmarks, etc)

PARENT INFORMATION:

If you would like both mother & father's name to appear on printout, put both names on Primary Parent Line (Jack & Jill Uphill)

Primary Parent/Legal Guardian

Name: _____

City: _____

State: _____ Zip: _____

Parent Phone #: () _____

Parent Cell Phone #: () _____

Parent Work Phone #:() _____

Other Parent/Legal Guardian

Name: _____

City: _____

State: _____

Parent Phone #: () _____

Parent Cell Phone #: () _____

Parent Work Phone #:() _____

Additional Child Information

Child's Doctor: _____

Doctor Phone #: () _____

Doctor City & State: _____

Medical Needs: Yes No

Specific Medical Needs: _____
(e.g. wheelchair, inhaler, etc.)

Medical Conditions: _____
(e.g. cerebral palsy, asthma, etc.)

Medical Details: _____
(e.g. medicines, etc.)

Child's Dentist: _____

Dentist Phone #: () _____

Dentist City | State: () _____

Known Clubs & Associations: _____
(e.g. Cub Scouts, soccer, etc)

Emergency Contact—We recommend using someone other than a parent—grandparent, aunt, uncle, friend, etc.

Emergency Name: _____

Emergency Phone #: () _____

Disclaimer: This form has either been downloaded from the MoCHIP Web site (mochip.org) or distributed by a Masonic Lodge. The Missouri Masonic Children's Foundation is not responsible for the privately collected information assembled on this form. Please take extreme care to secure this sensitive information both prior to and after the MoCHIP event.