

New Lenox Police Department

200 Veterans Parkway New Lenox, Illinois 60451

BOB STERBA
CHIEF OF POLICE

815.462.6100
NEWLENOX.NET

Child Identification Card Program

Please Print Clearly

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____

Height: _____ **Weight:** _____ **Sex:** _____

Eye Color: _____ **Hair Color:** _____

Street Address: _____

Town: _____

Any Medical Issues or Allergies: _____

Penicillin Allergy

Morphine Allergy

Asthma

DISCLAIMER:

The purpose of the Child Identification Program is to supply the parent/guardian with pertinent information about the child that the PARENT/GUARDIAN will retain and is supplied free of charge. The New Lenox Police Department WILL NOT retain any information about the child. The child's information WILL NOT be stored in any type of data base. This form will be SHREADED after the event.