



New Lenox Police Department 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, State Zip: _____

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.