



Child's First Name _____

Middle Name _____

Last Name _____

Nick Name _____

Parent/Guardian Name _____

Gender _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

Glasses _____

Race _____

Date of Birth _____

Distinguishing Marks _____

Other Health Considerations _____

Primary Phone Number _____

Address _____

Zip _____

City _____ State _____

YOUR GENEROUS DONATION MAKES IT POSSIBLE FOR GASP TO PROVIDE COMMUNITY PROGRAMS FOR CHILD PROTECTION AND SAFETY.

The CD you receive can be viewed on any computer containing a CD drive. The icons can be viewed. The video icon must be dragged to the desk top in order to view the video. The Preview Summary icon can be printed on your computer. Please bring your previously burned CD to any future fingerprinting event so we can update your child's information.

In the event your child is missing, give the completed CD to the responding police agency. Please keep the CD in a safe place! When traveling with your child, feel free to take the disc with you. If your child is traveling without you, you can e-mail the PDF form to the child's location, if needed.