



**CHILD IDENTIFICATION RECORD**  
(PLEASE CARRY THIS CARD WITH YOU AT ALL TIMES)



NAME: \_\_\_\_\_  
Family Name First Name Nickname

ADDRESS: \_\_\_\_\_  
Number Street Apartment

City Province

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

COLOUR: Skin: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

MOTHER TONGUE: \_\_\_\_\_ OTHER LANGUAGE(S) SPOKEN: \_\_\_\_\_

MOTHER OR LEGAL GUARDIAN: \_\_\_\_\_  
Family Name First Name Tel. (Home) Tel. (Other)

FATHER OR LEGAL GUARDIAN: \_\_\_\_\_  
Family Name First Name Tel. (Home) Tel. (Other)

EMERGENCY CONTACT: \_\_\_\_\_  
Family Name First Name Tel. (Home) Tel. (Other)

**MEDICAL INFORMATION**

CHRONIC ILLNESSES: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

DENTAL HEALTH: \_\_\_\_\_ DENTAL DEVICES: \_\_\_\_\_

**OTHER USEFUL INFORMATION: CHILD'S LIKES AND DISLIKES**

Favourite Places Favourite Toys

Favourite Songs

Likes Dislikes

Behavioural Triggers

Calming methods and any additional information First Responders may need

If the child is non-verbal, what is the preferred method of communication (sign language, picture boards, written words)?

If the child is verbal, what is the preferred method of communication (favourite words, sounds, songs, phrases they may respond to)?

Identification information: Does the child carry or wear jewelry, tag(s), ID card, medical alert bracelet?