Bellevue Police Department

Operation Child Safe Information Sheet

CONFIDENTIAL

Child's Information

Full Name: _____D.O.B._____

Address: _____
Phone:_____ Cell:_____
Gender: _____ Ethnicity:_____ Language:_____
Hair Color: _____ Blood Type:_____
Allergies:_____
Eye Color: _____ Physical / Psychological conditions:_____
Height:_____ Weight:_____ Illnesses:_____
Medications:_____ Scars marks tattoos: _____
School_____ Address:_____ Phone:_____

Mother's Information

Full Name: _____D.O.B._____
Address: _____
Phone:_____ Cell:_____ Work:_____

Father's Information

Full Name:_____D.O.B._____
Address:_____
Phone:_____Cell_____Work_____

Nearest Relative/Emergency Contact Person
Name:_____D.O.B._____
Phone:_____Cell_____Work_____

Doctor's Information

Name:_____
Office Address:_____
Office Phone: Emergency Phone:

Dentist's Information

Name:_____
Office Address:_____
Phone:

Additional Information
Favorite Places: **Favorite Food:**

Favorite Activities: **Best Friend:** **Phone:**

Where would he/she go if lost?

Miscellaneous: **Family Code Word:**