

APPROVED
by *W Howes*

Date 7-24-09

PERSONAL INFORMATION

KEEP FOR YOUR RECORDS

Name _____ Sex _____
 Nickname _____ Blood Type _____
 Date of Birth _____ Age _____
 Place of Birth _____
 (Hospital / other)
 City _____ State _____
 Attending Physician _____

Physical Features

Color of eyes _____ Wear glasses? _____ Contacts? _____
 Color of hair _____ May change to _____

Complexion Fair-light _____ Olive _____ Light Brown _____ Dark Brown _____ Albino _____ Other _____

Please circle
one selection
from each
category

Body Type Slight build _____ Medium build _____ Heavy build _____

Personality Outgoing _____ Average _____ Shy _____

Sociability Very Independent _____ Average _____ Very Dependent _____

Character Loud _____ Medium _____ Soft Spoken _____

Hand Preference _____ Able to swim? _____ Bicycle description _____

Language spoken or understood _____ Any physical handicaps? _____

Has child ever run away for more than 24 hours? _____ School, Relatives, Playmates _____

Any additional information (unusual habits, speech defects, etc.) _____

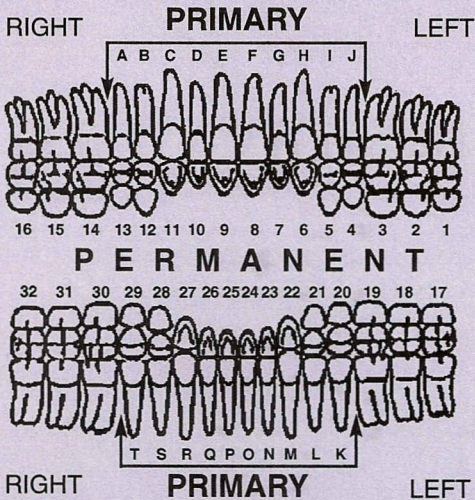
Child's Signature (Printed) _____ Child's Signature (Cursive) _____

DENTAL IDENTIFICATION CHART

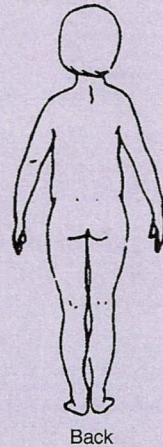
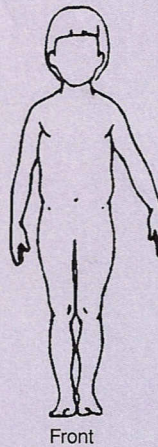
PHYSICAL DESCRIPTION

Note to Parent - Take your child's personal Child Safety Record with you each time that he or she visits the dentist for a check-up. Request your dentist to enter the appropriate information on the charts provided in the record.

Please use the figure and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____



Front

Back

Dentist's name _____ Date _____

Dentist's name _____ Date _____