



Description of Children

Child 1 Wristband #:		Child 2 Wristband #:	
First Name		First Name	
Last Name		Last Name	
Age / DOB		Age / DOB	
Height		Height	
Weight		Weight	
Hair Color		Hair Color	
Eye Color		Eye Color	
Scars, distinguishing marks/features		Scars, distinguishing marks/features	
Additional Identifiers		Additional Identifiers	
Allergies		Allergies	

Child 3 Wristband #:		Child 4 Wristband #:	
First Name		First Name	
Last Name		Last Name	
Age / DOB		Age / DOB	
Height		Height	
Weight		Weight	
Hair Color		Hair Color	
Eye Color		Eye Color	
Scars, distinguishing marks/features		Scars, distinguishing marks/features	
Additional Identifiers		Additional Identifiers	
Allergies		Allergies	

Parent/Guardian Wristband(s) #			
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Description of Parent/Guardian

	Parent /Guardian 1	Parent /Guardian 2	Parent /Guardian 3
Wristband #			
Last Name			
First Name			
Cell Phone			
Relationship to child			
Where camped/ Theme camp:			
Vehicle License Plate #, Make, and Model:			

Emergency contact info: <i>(person not attending the event)</i>		Relationship to Child(ren)	
Name		Phone	
Address			

Parent/Guardian Wristband(s) #			
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