



Parker Police Department

1314 - 11th Street Parker, AZ 85344
Phone: (928)669-2264 Fax: (928)669-6719



Child Identification Card Application

Child's Information:

Name:		
Date of Birth:	Height:	Weight:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color:	Eye Color:
Address:		

Native Language: English Spanish Other _____

Any Known Medical Allergies? No Yes, please list: _____

Disabilities? No Yes, please list: _____

Medications: _____ Reason: _____

_____ Reason: _____

_____ Reason: _____

_____ Reason: _____

_____ Reason: _____

Parent/Guardian Information:

Name:	Phone:
Address:	

I would like Town of Parker Police Department to upload my child's information to their database.

I DO NOT want the Town of Parker Police Department to upload my child's information to their database.

The Child Identification Card is not intended for children to carry, as they can easily lose it. Cards should be carried by parents, guardians, caregivers, grandparents, other relatives, daycare providers, and/or babysitters.

Signature: _____ **Date:** _____

*Remember to update your child's identification card every year.
The most up to date information can make all the difference in an emergency!*