

S.K.C. EMERGENCY NUMBERS



Police Department



Fire Department



Doctor



Ambulance (EMT)



Hospital



Home



School/Daycare



Visit our website:
www.safekidclub.com



Safe Kid Club®

Since 1985

NAME _____

A.K.A. / NICKNAME _____

AGE _____

COLOR OF EYES _____

COLOR OF HAIR _____

HEIGHT _____

WEIGHT _____

NATIONALITY _____

COMPLEXION _____

VISIBLE SCARS / MARKS _____

MEDICAL INFORMATION _____

PARENTS' / GUARDIANS' NAME (*Print*) _____

PARENTS' / GUARDIANS' PHONE # _____

CHILD CREATE A SAFETY PASSWORD _____

BEST FRIENDS' PHONE # _____

EMERGENCY PHONE # _____

COLOR OF CLOTHING _____

LAST SEEN LOCATION / TIME _____

LOCAL POLICE PHONE # _____



*Head & Shoulder
Professional Picture*

4x6

Black & White

or

Color Photo

SKCBR 4B

Safe Kid Club®

*Sponsored by
Church, School, or Area Organizations*



No. _____

Date Completed _____

BULLY REPORT

REPORT ALL BULLY BEHAVIOR INCLUDING CYBER-BULLYING

W
H
O

W
H
A
T

W
H
E
R
E

W
H
E
N

W
H
Y

H
O
W



Police Blotter

Authority Figure

Guardian

Witness Statement

ALL ENTRIES REQUIRE NAME AND DATE _____

Lined area for reporting details on the right side of the page.

Additional pages attached