

**L.E.A.N. ON US
CHILD SAFETY ID CARD**

This child safety card will only be as effective as how you, as a parent and/or care provider, utilize it. By completing this card and keeping it on hand, you will be prepared in the case of an emergency. This will allow for emergency first responder personnel also to assist you to their best abilities in the most timely manner.

This data as listed may not be all that you would want first responders to know about your loved one. Consider adding as much as you feel will be necessary to aid others in the section below. We also suggest that this card be updated annually to allow for the most current information to be available. This information card is to be used only for emergency purposes and should not be provided as identification or to others as a resource.

ADDITIONAL INFORMATION:

The mission of L.E.A.N. On US is to provide first responders with information and resources that will allow them to better serve individuals within their communities affected by hidden disabilities and mental illness. This card has been designed to assist in that process. It is for information purposes only and the organization is not responsible for its selected use.

For more information on the L.E.A.N. On Us organization, please visit the website at www.leanonus.org.



**IDENTICCHILD DATA
L.E.A.N. On Us
CHILD SAFETY ID CARD**

L.E.A.N. On Us
The Law Enforcement Awareness
Network



CHILD'S NAME:

**CONTACT NAME:
PHONE NUMBER:**

INFORMATION

Name: _____

Address: _____

Phone: _____ Birth date: _____

Gender: _____ Race _____

Nickname: _____ School: _____

Social Security Number: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Blood Type: _____ Allergies: _____

Emergency Contact: _____

Relationship/Phone: _____

Primary Diagnosis: _____

Medical Info (list medications, concerns, etc):

Physician: _____ #: _____

Behavioral Patterns/Habits/Fears: _____

Best Communication Method: _____



RECENT PHOTOGRAPH

Date Photo taken: _____

THUMB PRINTS

Left Thumb Print

Right Thumb Print



Date Prints Taken: _____