



# Longview Police Department Safety Identification Program

Please Print Clearly.  
***We do not keep any data.***  
The parent is the only one with the record when completed.

• First Name	
• Middle Name	
• Last Name	
• Nick Name	
• Parent / Guardian Name	
• Gender	
• Height	
• Weight	
• Eye Color	
• Hair Color	
• Glasses	
• Race	
• Date of Birth	
• Distinguishing Marks	
• Other Health Considerations	
• Primary Phone Number	
• Alternative Phone	
• Alternative Phone	
• Address	
• Zip	
• City	
• State	

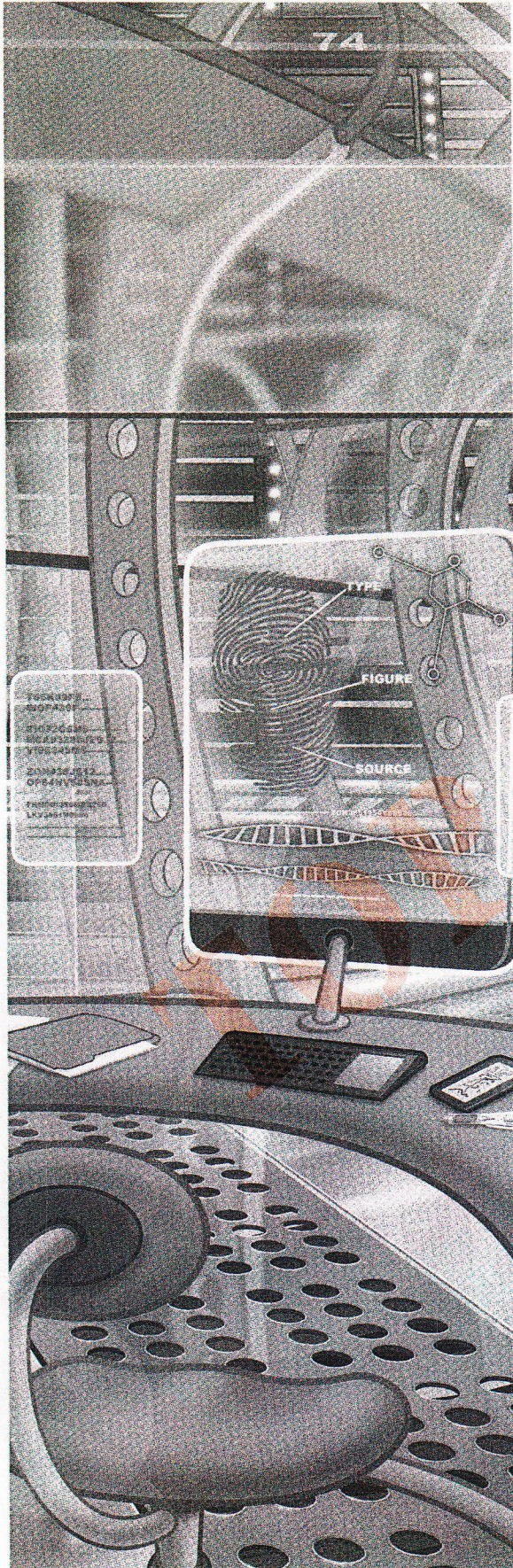
Print Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_

I'm the Parent or Guardian of this child and give my full permission for him/her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

# SPECIAL AGENT PROFILE



**Child's Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(street address, city, state, and zip code)

**Mailing Address** (if different) \_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Age Information**

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

**Medical Information**

Medical or other information we need to know. (Please include any food allergies.)  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts** (Other than listed above.)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Dismissal Information**

Who may pick up your child at the end of each VBS day?  
\_\_\_\_\_

**Other Information**

Does your child attend Sunday School? If so where?  
\_\_\_\_\_

If your child is visiting our church, who is he a guest of?  
\_\_\_\_\_

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No