

DIGIKIDS® CHILD INFORMATION SCANFORM

PLEASE COMPLETE THIS FORM WITH YOUR CHILD'S INFORMATION

(This information will be on ID Card and CD. We will return this form to you with ID Kit)

TIP! - Leave HEIGHT/WEIGHT boxes empty and we will weigh and measure your child!

Additional forms at www.digikids-id.com/support • Questions? 1-888-DIGIKIDS (344-4543)

PLEASE PRINT CLEARLY INSIDE BOX • ONE LETTER PER BOX

First Name

Middle Initial

Last Name

Age

Date of Birth (00 - 00 - 0000)

 - -

Height Feet/Inches

 /

Weight

Color Hair

Color Eyes

Visible Identifying Marks/Scars - PLEASE LIMIT TO ONE LETTER PER BOX - Skip a box between words - Continue to next line

Visible Identifying Marks/Scars (continued)

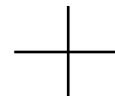
Sex (M) (F)

Glasses (Y/N)

Contacts (Y/N)

Serious Health Concerns - PLEASE LIMIT TO ONE LETTER PER BOX - Skip a box between words - Continue to next line

Serious Health Concerns (continued)



Serious Allergies/Medicines Needed - PLEASE LIMIT TO ONE LETTER PER BOX - Skip a box between words - Continue to next line

Serious Allergies/Medicines Needed (continued)



PLEASE COMPLETE DIGIKIDS® ID KIT ORDER FORM • USE ENVELOPE TO RETURN TO US