

MISSING CHILD REPORT

Please type or print all information legibly and have Law Enforcement Officer fax completed form to *Child Shield U.S.A.*™ at: (520) 297-7795. Call (520) 297-8881 and (520) 245-6705 to verify receipt of your report.

ADIC IDENTIFICATION
CODE LABEL *NEW*

Child's Name: _____

Address: _____

State: _____ Zip: _____ Date of Birth: _____

School: _____ Eye Color: _____

Height: _____ Weight: _____ Build: _____

Hair Color and Type: _____ Complexion: _____

Speech: _____ Marks, Scars: _____

Dentist (name & phone #): _____

Give Sizes and Descriptions of the Following:

Overcoat: _____ Jacket: _____

Sweater: _____ Trousers: _____

Shoes: _____ Hat: _____

Blouse: _____ Dress: _____

Skirt: _____ Shirt: _____

Socks: _____ Tie: _____

Other items of clothing missing (including underwear): _____

Laundry Marks: _____ Labels in Clothing: _____

Eyeglasses: _____ Jewelry Worn: _____

Habits: _____

Mental Condition: _____

Physical Condition / Need of Medical Attention: _____

Probable Cause of Absence: _____

Previous Absences: _____

Where Last Seen: _____

When Last Seen: _____

Local Law Enforcement Agency Handling Case:

Address _____ City _____ State _____ Zip _____

Officer Handling Case: _____

Daytime Phone: (____) _____ Evening: (____) _____

To verify if child is still missing, or to report any information contact:

Parent / Guardian Release:

As the parent or legal guardian of the above-mentioned child, I hereby affirm that this child is presently missing and has been reported as such to the law enforcement agency shown on this form. I am, by affixing my signature to this document, hereby authorizing Child Shield U.S.A.™ to produce duplicate copies of the videotape previously submitted to them bearing the likeness and voice of this child. I do further authorize Child Shield U.S.A.™ to distribute quantities of these duplicate tapes to local, state and national law enforcement agencies as well as local, state and national media. I hereby release, discharge, and agree to never harbor Child Shield U.S.A.™, its licensees, successors, legal representatives, and assignees from any liability whatsoever arising out of the duplication, processing, editing, distribution or exhibition of the videotape in whole or part.

Signature of Parent or Guardian: _____

Phone Number: (____) _____ Date: _____