Information about you that your family may need if you are arrested or detained

Your name:	
Your date of birth:	
Your SSN or taxpayer ID:	
Your A–number:	
Your passport number, if you have one:	
Copy of any form of valid work permit or green card, if you have one. If you do not have one, a municipal ID, state ID, or driver's license.	

Lawyer's name:	
Lawyer's phone:	
Lawyer's email:	
Laywer's address:	

Doctor's name:	
Doctor's phone:	
Doctor's email:	
Doctor's address (or hospital):	

Medications you take and how frequently	

Information about you that your family may need if you are arrested or detained

List your medical conditions here. If you do not have any medical conditions, write "N/A."	
List your allergies here. If you do not have any allergies, write "N/A."	
Health insurance provider:	
Your policy number:	
Country of origin:	
Consulate's phone:	
Consulate's address:	
Person to contact in origin country's name:	
Person to contact in origin country's phone:	
Person to contact in origin country's email:	

Information about your child that a caretaker may need

If you have more than one child, fill out a separate form for each child.

Child's name:	
Child's date of birth:	
Child's phone (if applicable):	
Child's social security number:	
Parent's name:	
Parent's phone:	
Parent's address:	
Parent's name:	
Parent's phone:	
Parent's address:	
Is there a court order about custody or visitation of your child? If yes, please explain.	
School name:	
School address:	
School phone:	
Principal's name:	

Information about your child that a caretaker may need

If you have more than one child, fill out a separate form for each child.

Class number:	
Teacher's name:	
Teacher's phone:	
Afterschool program name:	
Afterschool location:	
Person to contact:	
Phone number:	

Other camp/sports/ program name:	
Other camp/sports/ program location:	
Other camp/sports/ program phone number:	

Child's doctor's name:	
Child's doctor's phone:	
Child's doctor's email:	
Child's doctor's address (or hospital):	

Information about your child that a caretaker may need

If you have more than one child, fill out a separate form for each child.

Health insurance provider:	
Policy number:	
If your child does not take any medications, write "N/A." Medication(s), what is it for, how often is it taken?:	
List your child's medical conditions here. If your child does not have any medical conditions, write "N/A."	
List your child's allergies here. If your child does not have any allergies, write "N/A."	
If your child has any special needs, write them here.	

People who can care for your child	
Name:	
Phone:	

Information about your child that a caretaker may need

If you have more than one child, fill out a separate form for each child.

Email:	
Address:	

Name:	
Phone:	
Email:	
Address:	

People who cannot contact your child **Is there anyone who cannot contact your child? If yes, list his or her information below.**	
Name:	
Phone:	
Email:	
Address:	