MISSING SENIORS READINESS PROGRAM

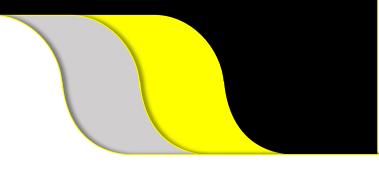
First	Name:	

Middle	Name:	

Last Name:

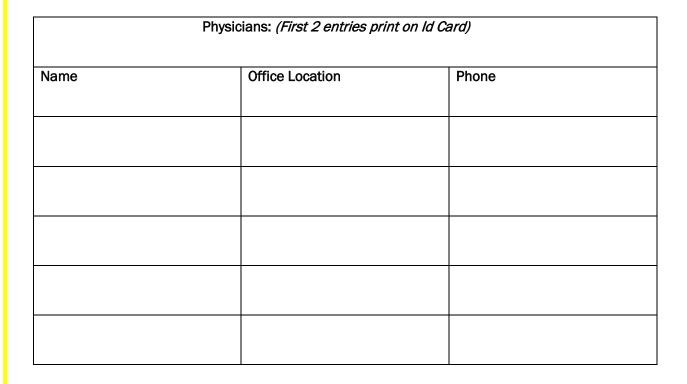
Gender:	Height:	Weight:	
Eye Color:	Hair Color:	Glasses:	
Race:	Blood Type:		
Nickname:			
Birth Month:	Day:	Year:	
Medical Information:			
Allergies or other Vital Information	n:		

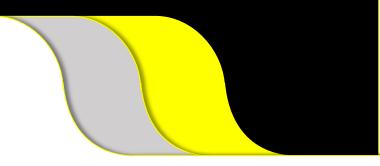
Primary Phone:	
Alternate Phone:	
Alternate Phone:	



Address:	Zip Code:	City:	State:

Emergency Contacts: (First 3 entries print on Id Card)			
Relationship	Phone		





Medications: (First 5 entries print on ID Card)			
Name	Dosage	Frequency	