



152 W Main St • New Iberia, LA • 70560 • Phone: 337.364.0440 • info@kid-id.org

Received Wrong ID Card

Insufficient Information

Did Not Receive Card

**Please check the appropriate box above, fill out the information below and mail to Kid ID Central.**

Last 4 #'s of KID ID

### Child Information Please Print

First Name Middle Name Last Name Nick Name

Mailing Address City State Zip Code

/  /      
Date of Birth Sex Medical Alert Distinguishing Marks

Hair Color Eye Color Height Weight

Father    
First Name Last Name

Mother    
First Name Last Name

Guardian    
First Name Last Name

Card Mailed to  Father  Mother  Guardian

Contact Number  -

Contact Number  -

Contact Number  -

Email Address

I hereby grant permission for my Child / Ward to participate in this Child Identification Program. I understand that the KID I.D. program involves the gathering of pertinent information including a photo and fingerprint of my child and that this information, with my approval, may be electronically transmitted via the internet by Kid ID for only the purpose of locating my child. I understand that information **can/will only be accessed by Kid ID in case of an emergency**. I understand that my child's participation is voluntary and hereby choose to authorize his / her participation in this program.

I agree as the parent to waive any and all claims that I individually or on behalf of my child which may arise due to the voluntary participation in the KID I.D. program and that I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter participating in the program, agree to indemnify and hold harmless KID I.D., LLC, and its employees and its participating doctors from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm arising out of the above named KID I.D. program.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date