

# Unaccompanied Minor Report Form

Date / Time:

Incident ID:

Type of Child		
<input type="checkbox"/> Unaccompanied Minor <input type="checkbox"/> Separated Child		
Minor's Information		
* Name (Last, First, Middle, Nickname)	* Date of Birth	* Gender
Home phone: (    )	Email:	
Cell phone: (    )	Is minor non-verbal / unable to self-identify? <input type="checkbox"/>	
Home Address:		
Primary Language Spoken:		Secondary Language Spoken:
* Location where minor was found or separated from parent / guardian:		*Date / Time
Minor's Physical Description		
*Clothing:	*Hair Color:	*Eye Color:
Weight:	Height:	Build:
Race:	Complexion:	Hair Style:
Distinguishing Marks (moles, scars, tattoos):	Items carried:	Eye glasses or hearing aids:
Notes:		
CERT members Responsible for Minor (Unaccompanied Minor ONLY)		
Name 1:	Cell phone: (    )	
Name 2:	Cell phone: (    )	

