

Date: _____



Pediatric Safe Area Registration Sheet

FOR UNACCOMPANIED MINORS

Contact Information					
Minor's Name (Last, First, Middle):				DOB:	
Address:				Age: _____ Mo / Yrs Check if Estimated <input type="checkbox"/> Circle One	
Minor's Cell Phone:			Home Phone:		
Parent/Guardian Name(s):					
Parent/Guardian Phone Numbers(s):					
Parent/Guardian Inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown; if yes, Location (Hospital, Unit, Rm):					
Other Relative:					
Description					
Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray	Hair Color <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Other:	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian Native & Pacific Islander <input type="checkbox"/> Other:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Height feet' inches"	Weight lbs / kg
Identifying Features (Scars, birthmarks):					
Other Identifying Items (Clothing, glasses, etc.):					
Siblings (Names, Age):					
Arrival to Pediatric Safe Area					
Method: <input type="checkbox"/> EMS <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Staff Member <input type="checkbox"/> Other:					
Details of Arrival:					
Wristband Place on Child: <input type="checkbox"/> Yes <input type="checkbox"/> No			Wristband Color: <input type="checkbox"/> Purple (with parent/guardian) <input type="checkbox"/> White (no parent/guardian) <input type="checkbox"/> Blue (belongs to staff)		
Staff Responsible for Registration (Print Name, Phone, Date):					
Discharge from Pediatric Safe Area					
Child Released To (Full Name):				Known to Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Picture Identification <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Work/School ID <input type="checkbox"/> Other:	Address on ID:			Relationship <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Sibling/Family <input type="checkbox"/> Other:	
Staff Responsible for Child Checkout (Print Name, Phone, Date):					