RESPONSE TOOL

Date: _____

DEPARTMENT OF HEALTH

Pediatric Safe Area Registration Sheet

FOR UNACCOMPANIED MINORS

Contact Information			
Minor's Name (Last, First, Middle):			**DOB:**
Address:			**Age:** Mo / Yrs Check if Estimated ☐ Circle One
Minor's Cell Phone:		**Home Phone:**	
Parent/Guardian Name(s):			
Parent/Guardian Phone Numbers(s):			
Parent/Guardian Inpatient? ☐ Yes ☐ No ☐ Unknown; if yes, **Location** (Hospital, Unit, Rm):			
Other Relative:			

Description					
Eye Color ☐ Brown ☐ Blue ☐ Green ☐ Gray	**Hair Color** ☐ Brown ☐ Blond ☐ Black ☐ Red ☐ Other:	**Race** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Hawaiian Native & Pacific Islander ☐ Other:	**Gender** ☐ Female ☐ Male ☐ 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: ☐ EMS ☐ Law Enforcement ☐ Staff Member ☐ Other:	
Details of Arrival:	
Wristband Place on Child: ☐ Yes ☐ No	**Wristband Color:** ☐ Purple (with parent/guardian) ☐ White (no parent/guardian) ☐ 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:** ☐ Yes ☐ No
Picture Identification ☐ Driver's License ☐ Passport ☐ Work/School ID ☐ Other:	**Address on ID:**		**Relationship** ☐ Parent/Guardian ☐ Caregiver ☐ Sibling/Family ☐ Other:
Staff Responsible for Child Checkout (Print Name, Phone, Date):			