Lowland Rescue | Safe and Sound

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Youth - Life History Questionnaire

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**Description:** The purpose of this questionnaire is to record pertinent information on the person you care for should they wander off. Once completed please keep this questionnaire in a safe place so you can provide it to the Police in the event of an emergency. This vital information will help the search teams to quickly gather all of the relevant information so they can begin searching. Recording this information ahead of time will greatly reduce the stress associated with trying to recall detailed information in an emergency. Please also attach a clear, recent, head and shoulders photograph. Digital photographs can be attached on the optional third page.

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| --- | --- | --- | --- | --- |
| Background Information: | | | | |
| Forename(s): | Surname: | | Other Name(s): | |
| Current Address: | | Resident Since: | | Mobile No. (If Applicable): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical Description: | | | | |
| Date of Birth / Age: | | Sex:  Male  Female | | Race / Ethnic Identity / Complexion: |
| Height: | Weight: | | Build: | Hair Length / Colour: |
| Marks / Scars / Tattoos: | | Eye Colour / Glasses:        Y N | | Facial Hair (If Applicable): |
| Other Distinctive Features: (Double click to type your own information) (e.g. if they have a distinctive walk, accent, or speech style, etc.) | | | | |

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| --- | --- | --- |
| Medical History (continue on back as needed): | | |
| Medical Conditions: | Physical Disabilities: | Learning Difficulties: |
| Vital Medication: | Frequency of Dosage: | Symptoms if Dosage Missed: |
| Vital Medication: | Frequency of Dosage: | Symptoms if Dosage Missed: |
| GP’s Name: | GP’s Address: | GP’s Phone: |
| Info for Searchers: (Double click to type your own information) (e.g. scared of dogs, combative without medication, slow to process information, difficulty hearing, 'code word', etc.) | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Life History (use additional space below if needed): | | | | | | |
| Hobbies / Interests / Job: | | | Favourite Place(s) To Spend Time: | | | |
| Typical Modes of Travel (Bus Pass / Car): | | Favourite / Likely Destination(s): | | | | |
| Favourite Footpath / Track: | | Family Living Nearby: | | | Friends Living Nearby: | |
| Previous Address 1 (if applicable): | | | | Approximate Dates: | | Foster Care:  Y  N |
| Previous Address 2 (if applicable): | | | | Approximate Dates: | | Foster Care:  Y  N |
| Childhood Address (if different): | | | | | Approximate Dates: | |
| School Name / Address: | | | | | Approximate Dates: | |
| Previous School Name / Address: | | | | | Approximate Dates: | |
| If Missing Previously, Where Found: | Circumstances, How Found, How Far, Time Missing: | | | | | |

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| Additional Information (additional space if needed): |
|  |

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| --- | --- |
| Carer / Family Information: | |
| Your Name: | Relationship to Person Above: |
| Address: | Home Phone: |
| Mobile: | Alternative Contact(s) (Guardian / Social Worker): |

**Please fill out this questionnaire, store it in a safe place and provide to the Police if they go missing**

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| **Optional Appendix:** Digital Photographs |
| **Their Name:** |

**Digital Photographs Can Be Uploaded Here:**

CLICK ON THE SILHOUETTE BELOW 🡪 CLICK INSERT 🡪 PICTURE 🡪 FROM FILE 🡪 SELECT THE PHOTOGRAPH FROM YOUR FILES



Click

Here

**Please Note The Date The Photo Was Taken:**

**Additional Digital Photographs Can Be Uploaded Here:**

CLICK ON THE SILHOUETTE BELOW 🡪 CLICK INSERT 🡪 PICTURE 🡪 FROM FILE 🡪 SELECT THE PHOTOGRAPH FROM YOUR FILES



Click

Here

**Please Note The Date The Photo Was Taken:**