

Return this form to: Caring Days, P.O. Box 3049, Tuscaloosa, AL 35403 or
Fax (205) 752-6841

Project Lifesaver Alabama
A Program of the Tuscaloosa County Sheriff's Office And Caring Congregations

Name of Project Lifesaver Client _____

Address:

City/State/Zip: _____

Date of Birth: _____ Sex: M / F Race: _____

Nickname/s _____

Parent/s name

Home Phone _____ Cell phone _____

Place of employment _____ Work Phone _____

If school aged, what school does he/she attend? _____

If client doesn't speak English, what language do they speak? _____

Primary Care Physician _____ Telephone _____

If special needs, what exceptionality? _____

List things that child really likes (animals, TV show, stuffed animal, etc.)

Other Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____