

• TO UTILIZE AMBER ALERT SYSTEM, CONTACT LOCAL POLICE AUTHORITIES FOR SPECIFIC REQUIREMENTS •



National Child I.D. Kits®

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KEEP THIS RECORD OF INFORMATION IN A SAFE AND SECURE PLACE.
 The sustained loss of a child can possibly be averted by providing law enforcement with essential information and properly documented forensics during the investigation phase of a missing person's report.

Name (Last) Nombre Apellido (First) Primero (MI) Medio

Street Calle City Ciudad State Estado Zip

() () Mother Father
 A/C Home Phone Casa Teléfono Cell Phone of Parent/Guardian Celular

E-Mail Child's Social Security Number Seguro Social

Nickname of Child Apodo Age Edad

LIST CHILD'S FRIENDS: Lista de Amigos

- (1) () Phone Teléfono
- (2) () Phone Teléfono
- (3) () Phone Teléfono

DNA Sample
 (attach hair strands here)
Pelo cabello adherir
 Law enforcement authorities recommend that parents utilize a swab & retainer kit to lessen the possibility of contamination and better retention of DNA over that of hair strands. **You may order a free swab & retainer kit by sending \$2.98 S&H to: National Child ID Kits®, P.O. Box 570200, Whitestone, NY 11357-0200 • (800) 543-3829**
SEVERAL HAIR STRANDS WITH ROOTS AND FOLLICLES INTACT

Photo foto niño
 Attach a recent photo here

The best quality photo is generally created by a professional photographer.

MOTHER'S NAME Madre Address Dirección

()
 Social Security Number Seguro Social Phone Teléfono

FATHER'S NAME Padre Address (if different from Mother's) Dirección

()
 Social Security Number Seguro Social Phone Teléfono

Fingerprints (If school program is non-existent, bring to local law enforcement authorities)
 Name of Fingerprinting Officer Dept.

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE

• YOU MAY USE EXISTING FINGERPRINTS IN UPDATED KITS—CUT AT PERFORATION •

• IF YOUR CHILD IS MISSING—BRING THIS I.D. KIT TO LOCAL POLICE DEPT. •

Profiles



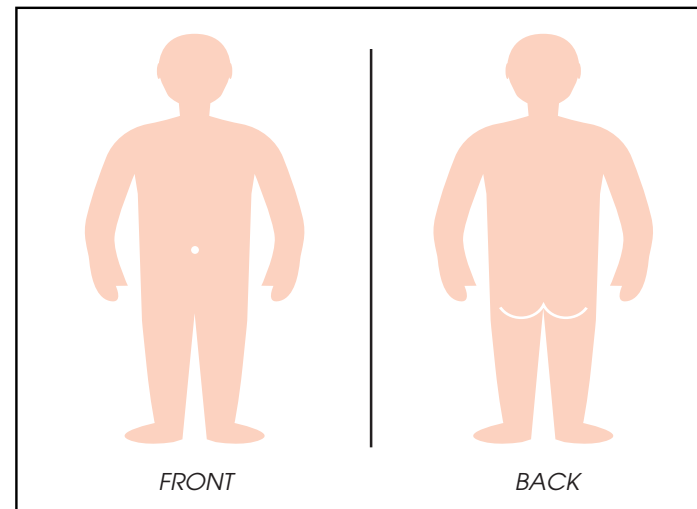
Dental Records

Please have child's dentist complete this section.

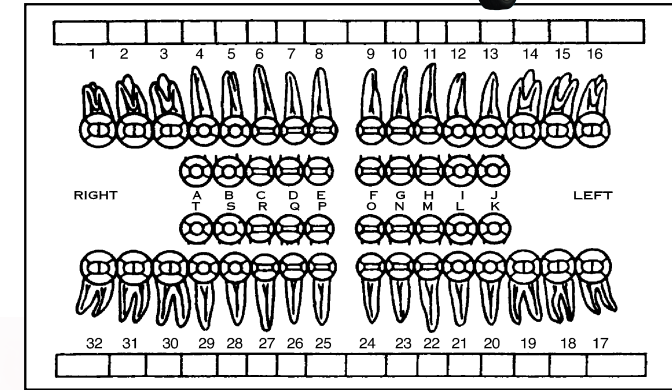
DENTIST'S NAME Nombre Dentista

()
 Phone Teléfono

PLEASE INDICATE IDENTIFYING MARKS BELOW:



(Scars, birthmarks, moles, bones, etc.) Cicatriz, etc.



Appearance

Apariencia

Color of Hair Color de pelo _____

Eye Color Color de ojo _____

Height Estatura _____ Weight Peso _____

Glasses/Contact Lenses Anteojos Yes No

Braces/Type Frenillos Yes No

Race Raza _____ Complexion _____

Shoe Size Talla de Zapato _____ Clothing Size Talla de Ropa _____

Chiropractic Review

Favorites

CHILD'S FAVORITE: Niñez Favoritos

• Often, certain habits & traits may prove to be useful.

Places: Sitios _____

Foods: Comidas _____

Mannerisms: Habitos _____

This Private Children's I.D. Kit is furnished as assistance in identifying a child. National Child I.D. Kits™ and/or the distributor, sponsor, endorser of this form, cannot guarantee nor is responsible for the quality or accuracy of any installed information herein, nor the outcome of any missing person's investigation.

Quedarse con: guardar

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Medical & Records



Blood Type Sangre Tipo _____

Chronic Illnesses Enfermedad Crónica _____

Medications Medicación _____

Allergies Alergias _____

DOCTOR'S NAME Nombre de Doctor

()
 Phone Teléfono

()
 Emergency Number Teléfono Emergencia

Place of Birth Lugar de Nacimiento / /
 Birthday Fecha

Hospital Address Dirección

()
 Hospital Number Numero de Hospital

To obtain additional kits on an individual basis, submit \$7.95 to NATIONAL CHILD ID KITS®, P.O. Box 570200, Whitestone, NY 11357-0200 • 1-800-543-3829