



This Child Safety Record is Provided to You by the

AMERICAN ASSOCIATION OF STATE TROOPERS



Keep This Information In A Safe, Easily Accessible Place

If your child should ever disappear, take this information to the local police department immediately. Try to remember as many details as possible. For more information about child safety, contact your local child protection agency; Nationally, 1-800-THE-LOST.

CHILD SAFETY TIPS

- Never leave children alone or unattended in a car, public place or grocery cart.
- Teach children how to use the telephone and how to dial the operator and ask for the police.
- Encourage children to "buddy-up" and go in pairs to the park or store.
- Teach children not to answer the door when home alone and not to allow strangers into the home.
- Teach children to look for a policeman or other designated authority figure (store clerk) if they are separated from parents or get lost.
- Teach children never to take a ride from strangers or get close to an unfamiliar car.
- Teach children early their full name, address and phone number with area code. Be sure they know in which state they live.

HOW TO USE INK PAD FOR THUMBPRINT:

READ ALL INSTRUCTIONS FIRST!

Practice on notepaper before applying print to graph. The print is acceptable as long as the center of the print is clear and unsmudged. Do not roll the thumb.

1. Place ink pad on a flat surface.
2. Hold child's right thumb rigid, lightly place the thumb on pad, then lightly apply to chart.



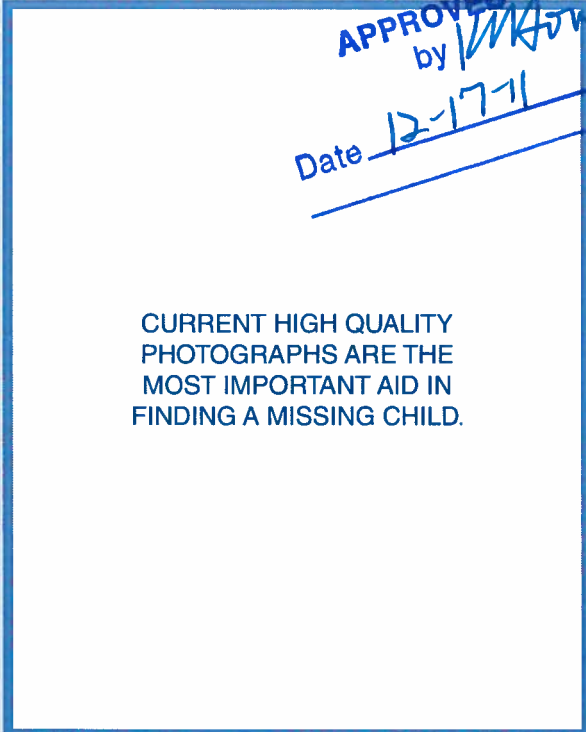
GOOD PRINT



POOR PRINT

DNA IDENTIFICATION:

Recent Photo - Date _____

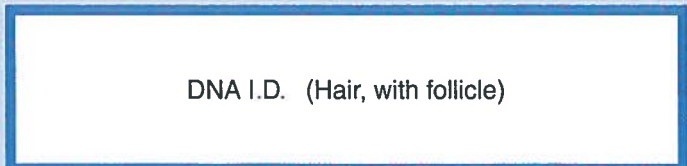


CURRENT HIGH QUALITY PHOTOGRAPHS ARE THE MOST IMPORTANT AID IN FINDING A MISSING CHILD.



Right Thumbprint

Pluck a few strands of the child's hair. *Must have the root attached.* Secure below with invisible tape.



DNA I.D. (Hair, with follicle)

APPROVED
by *W Howes*

12-17-11

PERSONAL INFORMATION

Date _____

KEEP FOR YOUR RECORDS

Name _____ Sex _____

Nickname _____ Blood Type _____

Date of Birth _____ Age _____

Place of Birth (Hospital / other) _____

City _____ State _____

Attending Physician _____

Physical Features

Color of eyes _____ Wear glasses? _____ Contacts? _____

Color of hair _____ May change to _____

Complexion Fair-light Olive Light Brown Dark Brown Albino Other _____

Please circle one selection from each category

Body Type Slight build Medium build Heavy build

Personality Outgoing Average Shy

Sociability Very Independent Average Very Dependent

Character Loud Medium Soft Spoken

Hand Preference _____ Able to swim? _____ Bicycle description _____

Language spoken or understood _____ Any physical handicaps? _____

Has child ever run away for more than 24 hours? _____ School, Relatives, Playmates _____

Any additional information (unusual habits, speech defects, etc.) _____

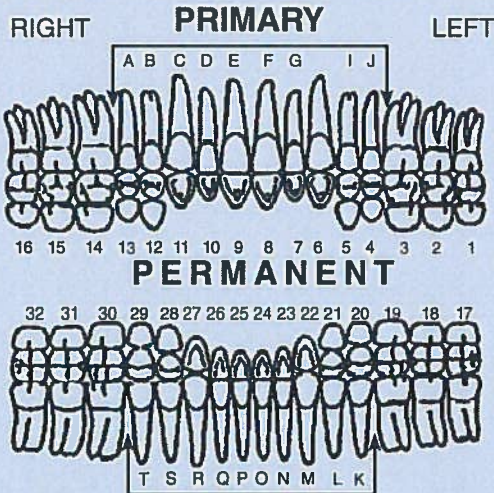
Child's Signature (Printed) _____ Child's Signature (Cursive) _____

DENTAL IDENTIFICATION CHART

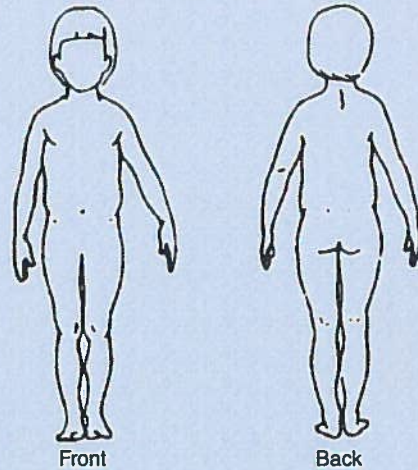
PHYSICAL DESCRIPTION

Note to Parent - Take your child's personal Child Safety Record with you each time that he or she visits the dentist for a check-up. Request your dentist to enter the appropriate information on the charts provided in the record.

Please use the figure and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



- 1. _____ 6. _____
- 2. _____ 7. _____
- 3. _____ 8. _____
- 4. _____ 9. _____
- 5. _____ 10. _____



Dentist's name _____ Date _____

Dentist's name _____ Date _____

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