



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 \_\_\_\_\_

APPROVED  
by W. Moore  
Date 8-25-11

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 *V. Howes*  
8-25-11

**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**

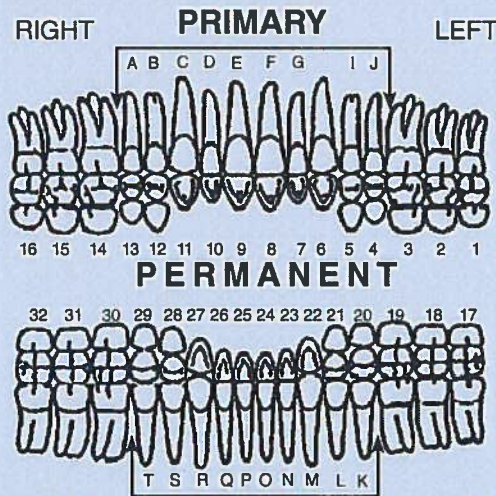
Color of eyes \_\_\_\_\_ Wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_  
 Color of hair \_\_\_\_\_ May change to \_\_\_\_\_

Please circle one selection from each category	<b>Complexion</b>	Fair-light	Olive	Light Brown	Dark Brown	Albino	Other _____
	<b>Body Type</b>	Slight build	Medium build	Heavy build			
	<b>Personality</b>	Outgoing	Average	Shy			
	<b>Sociability</b>	Very Independent	Average	Very Dependent			
	<b>Character</b>	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**

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.

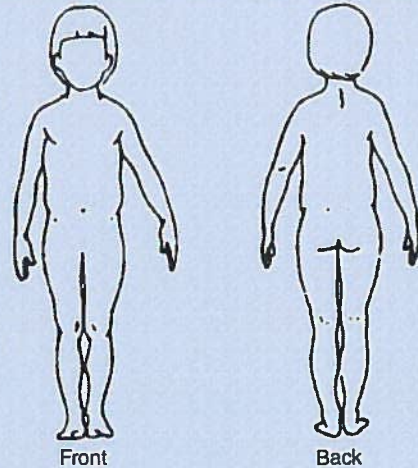


Dentist's name \_\_\_\_\_ Date \_\_\_\_\_  
 Dentist's name \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL DESCRIPTION**

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. \_\_\_\_\_



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