



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 *[Signature]*

Date 7-19-11

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 *M. Howes*

Date 7-19-11

PERSONAL INFORMATION

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 _____

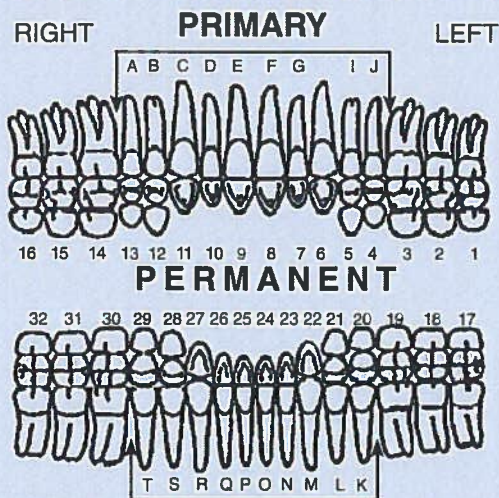
Please circle one selection from each category

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

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. _____

