

FAMILY/DOCTOR INFORMATION

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Doctor Address/Phone Number

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Dentist Address/Phone Number

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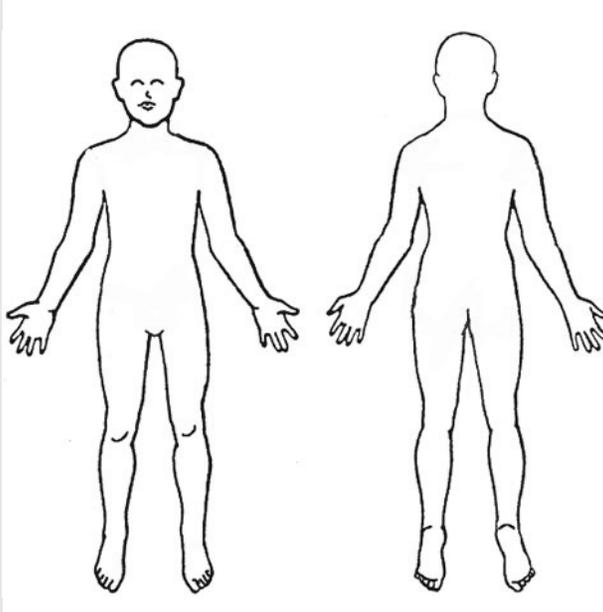
Family Members

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Relative/Friend to Contact Home/Work/Mobile Numbers & Address

Family Photo or Other Photo	
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PHYSICAL DESCRIPTION



Please indicate above any birthmarks, scars, moles, or other identifying marks.

Describe other identifying features (eye glasses, braces on teeth, etc.):



CHILD IDENTIFICATION KIT

Head Photo Here
(Update Annually)

This kit belongs to:

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Date completed:

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Parents: Please keep a completed child identification kit for each child. Update this child identification kit or complete a new one once a year. You can download this free kit from AmberAlertgps.com.

Please print out on card stock. Store with other important documents.

IMPORTANT INFORMATION ABOUT YOUR CHILD

Child's Full Name

Nicknames

Street Address

City, State, Zip

/ /

Male or Female

Birth Date

Age

Gender

Height

Weight

Eye Color

Hair Color

Race

Right/Left Handed

Blood Type

Medications

Allergies, illnesses or other important medical information

Mother or Guardian

Work/Home/Mobile Numbers

Father or Guardian

Work/Home/Mobile Numbers

Social Security Number

INSTRUCTIONS FOR COLLECTING DNA & FINGERPRINTS

DNA Collection Kit:

- Rub a clean (sterile if possible) cotton swab on the inside of cheek until moist. Apply the same pressure that you would when brushing your teeth.
- Let air dry for 24 hours.
- When dry, place in zip-lock bag and seal bag.
- Fold and place zip-lock bag in another zip-lock bag and seal bag.
- Label with child's name and sample date.
- Save in freezer until needed.
- Follow same procedure for blood sample. However, wait until child scrapes or cuts him/herself before taking sample.
- You may also save baby teeth in same manner.

Fingerprinting:

- Make sure hands are clean.
- Hold child's finger rigid, placing your forefinger over the child's cuticle area.
- Lightly press child's finger onto ink surface, then lightly apply onto fingerprint card.
- Press flat on card and lift.
- Please note: Do not roll - just press and lift.

Date of Fingerprinting: _____

R. Thumb	R. Four Fingers
L. Four Fingers	L. Thumb

FINGERPRINT RECORD

Right Little		Left Little	
Right Ring		Left Ring	
Right Middle		Left Middle	
Right Index		Left Index	
Right Thumb		Left Thumb	