



SCHOOL / CARE FACILITY NAME

TEACHER/CARE PROVIDER NAME GRADE/CLASS

STREET ADDRESS

CITY / STATE / ZIP

PHONE NUMBER / FAX NUMBER



MOBILE PHONE NUMBER

SKYPE OR ADDITIONAL NUMBER

EMAIL ADDRESS

FACEBOOK NAME

SNAPCHAT OR OTHER SOCIAL MEDIA NAMES

**KIT PROVIDED BY**



If your child is missing from home, search:

- » closets
- » piles of laundry
- » in and under beds
- » inside large appliances
- » vehicles—including trunks
- » anywhere else that a child may crawl or hide

If your child is missing in a public place such as a store contact the manager. Many stores have a plan of action.

Immediately call your local law-enforcement agency and provide them with your up-to-date Child ID Kit.

After you have reported your child missing to law enforcement, call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678). If your computer is equipped with a microphone and speakers, you may talk to one of our Hotline operators via: [www.missingkids.org](http://www.missingkids.org)



NAME / RELATIONSHIP

1. CELL / HOME / WORK NUMBER (CIRCLE 1)

2. CELL / HOME / WORK NUMBER (CIRCLE 1)

NAME / RELATIONSHIP

1. CELL / HOME / WORK NUMBER (CIRCLE 1)

2. CELL / HOME / WORK NUMBER (CIRCLE 1)



# CHILD ID KIT

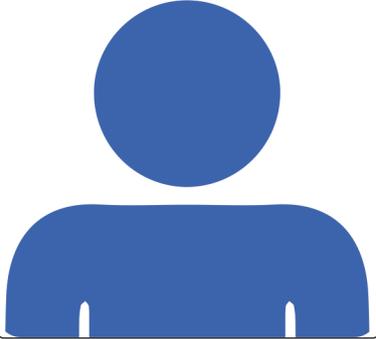


When recovering a missing child, the most important tools for law enforcement are an up-to-date, quality photograph and descriptive information. Complete this Child ID Kit by attaching a recent photograph of your child and listing all identifying and medical information. Update the photograph and information every 6 months. Keep the Kit in a secure, accessible location.



**PLACE PHOTO HERE**

Use a high resolution head & shoulder photo.  
Update every 6 months.




\_\_\_\_\_

FULL NAME - FIRST, MIDDLE, LAST

\_\_\_\_\_

NICKNAME

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY, STATE, ZIP

\_\_\_\_\_

COUNTRY



SEX: FEMALE  MALE  \_\_\_\_\_

Race / Ethnicity

\_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MY CHILD WEARS OR HAS:

GLASSES  CONTACTS  BRACES

PIERCINGS  TATTOOS  BIRTHMARKS

DESCRIPTIONS OF ABOVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

PHYSICIAN'S NAME

\_\_\_\_\_

OFFICE NUMBER

\_\_\_\_\_

MEDICATIONS

\_\_\_\_\_

ALLERGIES

\_\_\_\_\_

BLOOD TYPE



_____	Left Pinky	_____	Right Pinky
_____	Left Ring	_____	Right Ring
_____	Left Middle	_____	Right Middle
_____	Left Index	_____	Right Index
_____	Left Thumb	_____	Right Thumb