

PERSONAL INFORMATION

LAST NAME

FIRST NAME

M.I.

[] MALE

SOCIAL SECURITY #

_____/_____/_____
DATE OF BIRTH

AGE

[] FEMALE

STREET ADDRESS

CITY

STATE

ZIP

() _____
HOME TELEPHONE

CHILD'S NICKNAMES

CHILD'S FRIENDS

MOTHER'S NAME

() _____
TELEPHONE

FATHER'S NAME

() _____
TELEPHONE

NEAR RELATIVE

() _____
TELEPHONE

Attach
DNA
HAIR SAMPLE
Here

ATTACH SEVERAL STRANDS OF HAIR WITH ROOTS AND FOLLICLES INTACT

PHYSICAL INFORMATION

HAIR COLOR

EYE COLOR

RACE

YES NO

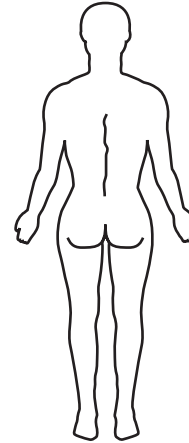
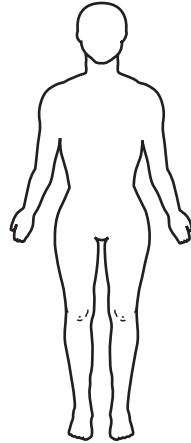
BRACES

GLASSES

HEIGHT

WEIGHT

LBS.



INDICATE ANY IDENTIFYING MARKS ON THE
PICTURES AND SPACES ABOVE.
(BIRTHMARKS, SCARS, MOLES, BROKEN BONES, ETC.)

TO REPORT A MISSING CHILD CALL
1-800-THE-LOST
1-800-843-5678

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LIONCIRCLE


Children's Physicians
Medical Group

1-877-276-4543

www.CPMGSanDiego.com

Children's Identification



CHILD'S FULL NAME

KEEP IN A SAFE & ACCESSIBLE PLACE

FINGER PRINTS



Left Little



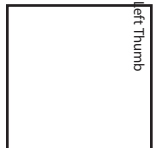
Left Ring



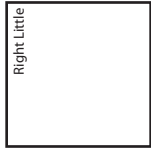
Left Middle



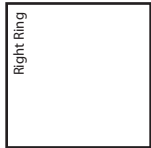
Left Index



Left Thumb



Right Little



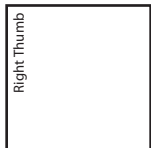
Right Ring



Right Middle



Right Index



Right Thumb

INSTRUCTIONS

1. Pull ink strips apart. Each side is usable for fingerprinting.
2. Gently press area of finger to be printed on ink strip then in correct box on identification card. Start with thumb or pinky and move to the next finger.
3. You may want to try practicing on plain paper a few times. There is enough ink on strip supplied for this.
4. Ink washes off with soap and water.
5. DO NOT put the ink strip or finger with ink on it near the mouth or eye areas.

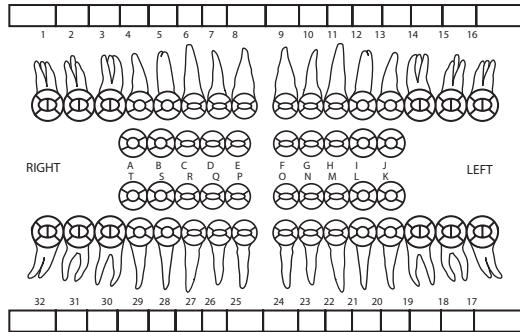
INSTRUCTIONS

1. Clearly print your child's full name and the date completed on the front cover. Due to changes in physical characteristics throughout your child's growth, we recommend updating kits annually.
2. Attach a recent photograph of your child, preferably a front shot of their head and shoulders.
3. Enter all applicable identification information into the spaces provided.
4. Fingerprint your child using the attached ink strip.
5. Allow ink to dry, taking caution not to smear.
6. Dental chart should be completed by your child's dentist at your next visit.
7. Store in a safe, accessible place for your records only.
8. Talk with your child about safety often. Make sure they know their complete name, address and phone number including area code.

Date of Photograph ___ / ___ / ___

ATTACH A RECENT PHOTOGRAPH HERE

DENTAL INFORMATION (TO BE COMPLETED BY YOUR CHILD'S DENTIST)



DENTIST'S NAME

() _____
TELEPHONE

MEDICAL INFORMATION

BLOOD TYPE

PLACE OF BIRTH

MEDICATIONS

CHRONIC ILLNESSES

ALLERGIES

DOCTOR'S NAME

() _____
TELEPHONE