



**NEW YORK STATE
MAJORITY LEADER
Senator Dean Skelos**
DISTRICT 9
SKELOS.NYSENATE.GOV



SAFE CHILD BOOK

Your Child's Identification Record



**NEW YORK
STATE SENATE**
NYSENATE.GOV

10 TIPS FOR PROTECTING YOUR CHILD

1. Don't just preach "stranger danger"—teach your child to recognize and avoid situations that may actually place him or her in danger.
2. Make sure that your child has memorized your home phone number, address, and 911.
3. Identify registered offenders in your area using www.familywatchdog.us.
4. Teach your child the buddy system: always walk with at least one other child.
5. Practice drills with your child that include what to do if they are accidentally separated from you in a public place, or in the event of a kidnapping.
6. Teach your child to yell "You're not my parent!" if they are approached by someone he or she doesn't know.
7. Many abductions occur at the hands of family or friends. If someone other than yourself is picking up your child, develop a "safe word" with your child and have that person tell your child the "safe word." If that person does not know the "safe word," your child should refuse to go.
8. Restrict your child's access to the Internet—know the sites your child is visiting and with whom your child is communicating.
9. Watch for any behavioral changes that may cause your child to drop his or her guard or fail to consider the possible dangers of certain situations.
10. Talk with your children and help them think proactively about how to protect themselves when you are not with them.



Dear Neighbor,

The U.S. Department of Justice reports that nationally, nearly 800,000 children may be reported missing this year (about 2,200 a day). While most of these children are never in real danger and will be found relatively quickly, some, sadly, are never seen again. Roughly 114,000 children face actual abduction attempts every year.

The minutes and hours immediately following a child's disappearance are the most critical. New York State's Amber Alert helps get the word out quickly to the public and to local law enforcement agencies that an abduction has occurred. However, there are extra precautions that parents can take. To provide parents with easy access to much of the information they will need to supply local authorities, I have put together a Child Safety Record. Fill out this record and update it every year with your child, and keep it in a safe and readily available location.

Once completed, these documents will contain a detailed profile of the missing child. In a race against time, the profile may help authorities find him or her more quickly. I've also included ten of the most common tips advised by law enforcement to protect your child.

As unlikely as it is that your child will ever be in this situation, should the unthinkable happen, you will be glad you took the time to compile this vital information into one document. As always, feel free to contact my office with any questions or if I can be of any further assistance.

Sincerely,

A handwritten signature in black ink that reads "Dean G. Skelos". The signature is fluid and cursive.

New York State Majority Leader Dean Skelos

More Resources for Parents

For more information about the Amber Alert Plan, call the Missing and Exploited Children Clearinghouse at 1-800-FIND-KID (1-800-346-3543) or criminaljustice.state.ny.us/missing/

NATIONAL HOTLINES:

Child Find of America

1-800-I-AM-LOST (1-800-426-5678) or www.childfindofamerica.org

National Center for Missing and Exploited Children

1-800-843-5678 or www.missingkids.com

Covenant House Nineline Runaways

1-800-999-9999 or www.covenanthouse.org/nineline

SAFETY COUNTS: Your Child's Identification Record

This is your child's private record of personal information to be given to police if it is ever needed. Keep this record in a safe and accessible location.

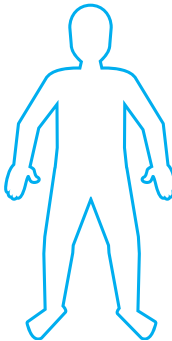
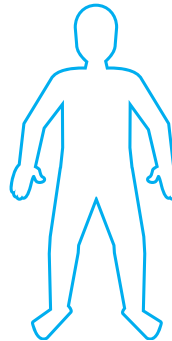
LAST			FIRST			MIDDLE			GENERAL INFORMATION
Child's Full Name						Child's Social Security Number			
MONTH	DAY	YEAR	HOSPITAL			CITY	STATE	COUNTRY	
Child's Birthday			Child's Birthplace						
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Biracial <input type="checkbox"/> Other						Eye Color		Hair Color	
LAST			FIRST			MIDDLE			
Mother's Full Name						Mother's Social Security Number			
LAST			FIRST			MIDDLE			
Father's Full Name						Father's Social Security Number			

FIRST NAME		LAST NAME		ADDRESS		PHONE		MEDICAL RECORDS
Primary Care Physician								
Allergies		Physical Handicaps		Chronic Illnesses		Blood Type	ROOTS AND FOLLICLES Hair Sample	

FIRST NAME		LAST NAME		ADDRESS		PHONE		DENTAL RECORDS
Dentist								

Attach a copy of your child's Dental X-rays

Use the boxes to the right to indicate identifying marks on front and back — birthmarks, scars, moles, piercings, etc. — with descriptions.

	FRONT		BACK		
					

You can take this form to your local police department with your child. Use the area to the right or attach the form provided by the police.

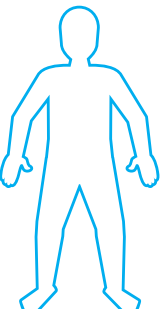
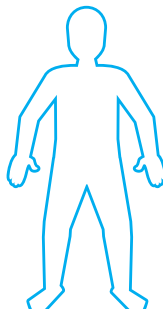
LEFT PINKIE					LEFT RING					LEFT MIDDLE					LEFT INDEX					LEFT THUMB				
RIGHT THUMB					RIGHT INDEX					RIGHT MIDDLE					RIGHT RING					RIGHT PINKIE				


GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	Hair		Clothing Size			
Physical Handicaps				Particular Mannerisms			

	FRONT	BACK	
			



Attach a current photo of your child here

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
PRIMARY WORK ADDRESS	#	CITY
Emergency Adult Contact Information		
NAME	STREET ADDRESS	#
	TEACHER'S NAME	CITY
Day Care/Pre-School Contact Information		STATE
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		STATE

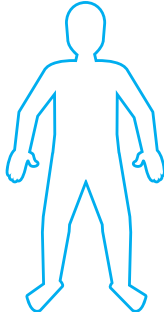
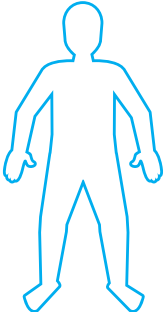
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Any other relevant information that might assist police officers

STREET ADDRESS				#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address								
STREET ADDRESS				#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address								
STREET ADDRESS				#	CITY	STATE	MOTHER'S CELL PHONE	
STREET ADDRESS				#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address								
STREET ADDRESS				#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS				#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address								
STREET ADDRESS				#	CITY	STATE	FATHER'S CELL PHONE	
STREET ADDRESS				#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address								
STREET ADDRESS				#	CITY	STATE	FATHER'S SECONDARY WORK PHONE	

HEIGHT	WEIGHT	HAIR	CLOTHING SIZE

Physical Handicaps	Particular Mannerisms
--------------------	-----------------------

FRONT	BACK
	



Attach a current photo of your child here

 CHILD WEARS GLASSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	

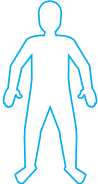

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			


NAME	STREET ADDRESS	#	CITY	STATE
Day Care/Pre-School Contact Information		TEACHER'S NAME	PHONE	

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		

NOTES

GENERAL INFORMATION				
STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				CHILD'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS								
'	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	Hair			Clothing Size			
Favorite Activities				Favorite Foods				
Physical Handicaps				Particular Mannerisms				
FRONT		BACK						
								
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)								



Attach a current photo of your child here

CHILD WEARS GLASSES

Nickname(s) of Child

MEDICAL RECORDS				
FIRST NAME	LAST NAME		PRIMARY PHONE	
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
Primary Care Physician				
Medications		Allergies		Illnesses

DENTAL RECORDS				
FIRST NAME	LAST NAME		PRIMARY PHONE	
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
Dentist			[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	

OTHER CONTACT INFORMATION						
FIRST NAME	LAST NAME		PRIMARY PHONE			
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		
PRIMARY WORK ADDRESS	#	CITY	STATE	WORK PHONE		
Emergency Adult Contact Information						
FIRST NAME	LAST NAME		PRIMARY PHONE			
STREET ADDRESS	#	CITY	STATE	PARENT'S NAME		
FIRST NAME	LAST NAME		PRIMARY PHONE			
STREET ADDRESS	#	CITY	STATE	PARENT'S NAME		
Child's Friends						
NAME		STREET ADDRESS	#	CITY	STATE	PHONE
Day Care/Pre-School Contact Information						
FIRST NAME	LAST NAME		PRIMARY PHONE			
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		
Babysitter Contact Information						

NOTES

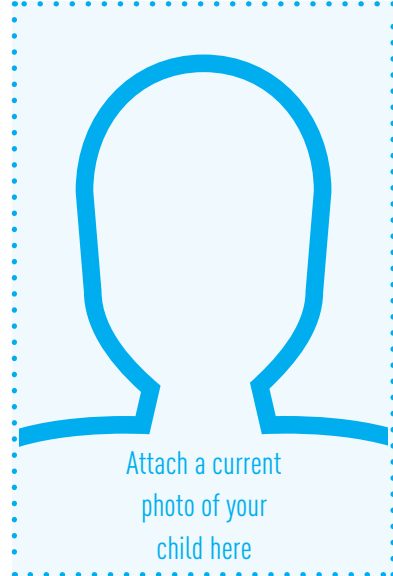
Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S CELL PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S CELL PHONE
Father's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE
Height	Weight	Hair	Clothing Size		
Favorite Activities			Favorite Foods		
Physical Handicaps			Particular Mannerisms		
FRONT		BACK			



- CHILD WEARS GLASSES
- LEFT-HANDED RIGHT-HANDED

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		
STREET ADDRESS	#	CITY
Medications		
Allergies		
Illnesses		

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		
STREET ADDRESS	#	CITY
Day Care/Pre-School Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		

NOTES

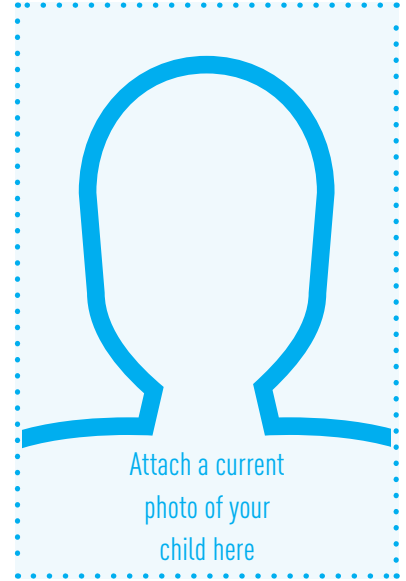
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GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
Hair		Clothing Size					
Physical Handicaps				Favorite Activities		Favorite Foods	
Particular Mannerisms				Frequently Visited Locations			
FRONT		BACK					



- CHILD WEARS GLASSES
- LEFT-HANDED RIGHT-HANDED

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Dentist		

[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	#	CITY
STATE	WORK PHONE	
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	PARENT'S NAME	
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	PARENT'S NAME	
Child's Friends		
NAME	STREET ADDRESS	#
PRIMARY PHONE	CITY	STATE
SECONDARY PHONE		
PRINCIPAL'S NAME	TEACHER'S NAME	
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Babysitter Contact Information		

NOTES

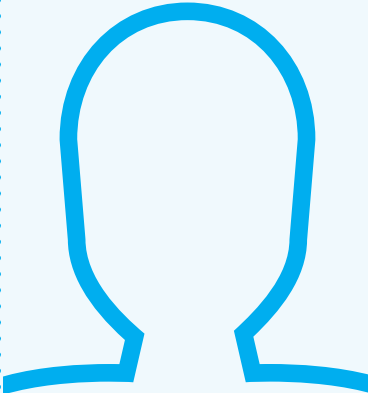
Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S CELL PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S CELL PHONE
Father's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE
Height	Weight	Hair	Clothing Size		
Physical Handicaps		Favorite Activities		Favorite Foods	
Particular Mannerisms		Frequently Visited Locations			
FRONT		BACK			



Attach a current photo of your child here

CHILD WEARS GLASSES
 LEFT-HANDED RIGHT-HANDED

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
PRIMARY WORK ADDRESS	#	CITY
Emergency Adult Contact Information		

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME
School Information				

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		

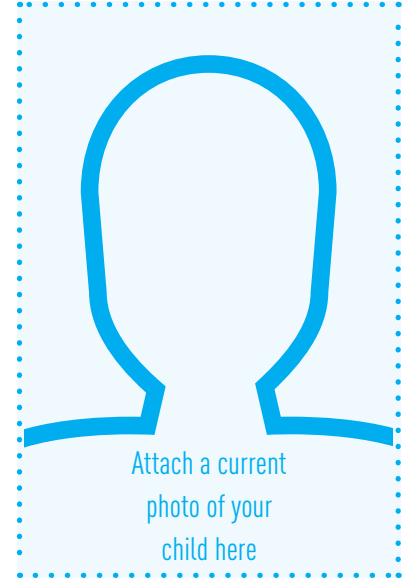
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GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE
Height	Weight	Hair	Clothing Size		
Physical Handicaps		Favorite Activities		Favorite Foods	
Particular Mannerisms		Frequently Visited Locations			
FRONT		BACK			



- CHILD WEARS GLASSES
- LEFT-HANDED RIGHT-HANDED

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

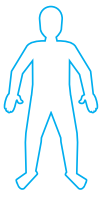
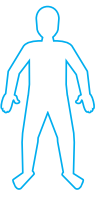
OTHER CONTACT INFORMATION


FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
AFTER-SCHOOL ACTIVITY	DAYS	TIME
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps			Favorite Activities		Favorite Foods			
Particular Mannerisms			Frequently Visited Locations					
FRONT			BACK					
								



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.) Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME		
School Information				

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		

Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites
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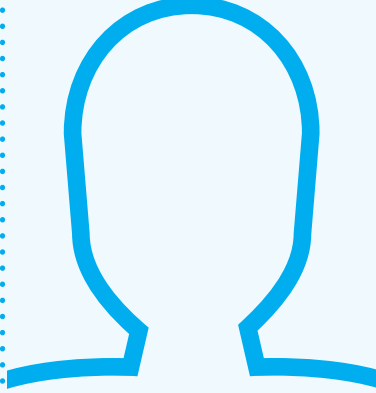
NOTES

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
Hair		Clothing Size					
Physical Handicaps		Favorite Activities		Favorite Foods			
Particular Mannerisms		Frequently Visited Locations					
FRONT		BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

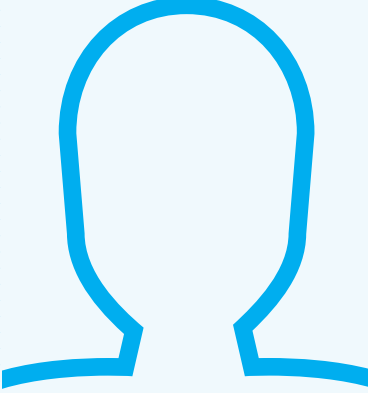
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE	
		Hair		Clothing Size					
Physical Handicaps			Favorite Activities			Favorite Foods			
Particular Mannerisms			Frequently Visited Locations						
FRONT		BACK							



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist			[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE	

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME


AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE

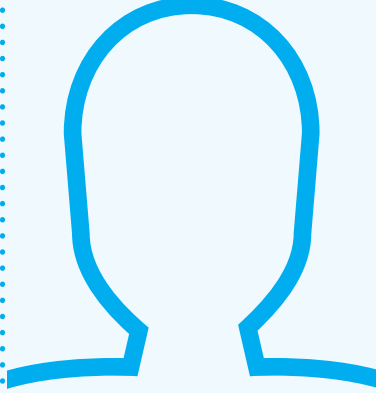
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE

Child's E-mailAddresses			Child's Screennames			Frequently Visited Websites		
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NOTES								
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GENERAL INFORMATION	STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
	Child's Home Address				CHILD'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
	Mother's Home Address				MOTHER'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
	Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

IDENTIFYING CHARACTERISTICS	Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
	Physical Handicaps		Favorite Activities					
	Particular Mannerisms		Frequently Visited Locations					
	FRONT		BACK					
								
	Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)							



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Nickname(s) of Child

MEDICAL RECORDS	FIRST NAME	LAST NAME	PRIMARY PHONE		
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
	Primary Care Physician				
Medications		Allergies		Illnesses	

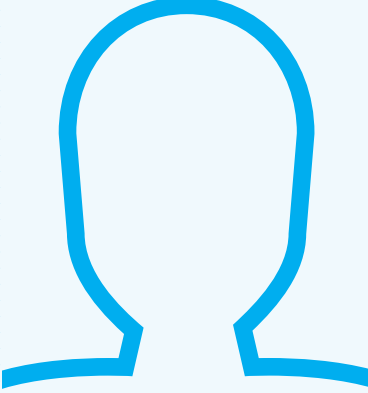
DENTAL RECORDS	FIRST NAME	LAST NAME	PRIMARY PHONE		
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
	Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]				
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE			

OTHER CONTACT INFORMATION	FIRST NAME	LAST NAME	PRIMARY PHONE			
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	
	Emergency Adult Contact Information					
	FIRST NAME	LAST NAME	PRIMARY PHONE			
	STREET ADDRESS	#	CITY	STATE	PARENT'S NAME	
	FIRST NAME	LAST NAME	PRIMARY PHONE			
	STREET ADDRESS	#	CITY	STATE	PARENT'S NAME	
	Child's Friends					
	NAME	STREET ADDRESS	#	CITY	STATE	
	PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME			
	School Information					
	AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
	After-School Activities					
	FIRST NAME	LAST NAME	PRIMARY PHONE			
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	
Babysitter Contact Information						
Child's E-mailAddresses		Child's Screennames		Frequently Visited Websites		

NOTES	
Any other relevant information that might assist police officers	

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair		Clothing Size				
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist			[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance			IF YES, INDICATE TYPE

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE

Child's E-mailAddresses			Child's Screennames	Frequently Visited Websites
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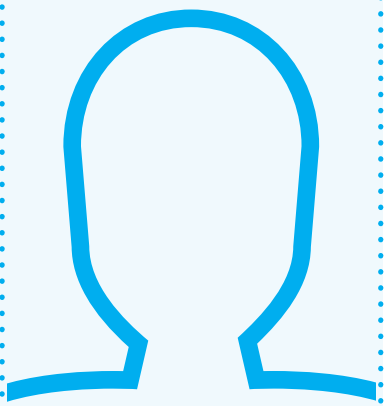
NOTES

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
Hair		Clothing Size					
Physical Handicaps				Favorite Activities			
Particular Mannerisms				Frequently Visited Locations			
FRONT		BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY ROUTE TO SCHOOL	PRIMARY PHONE	SECONDARY PHONE
TEACHER'S NAME	PRINCIPAL'S NAME	
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites

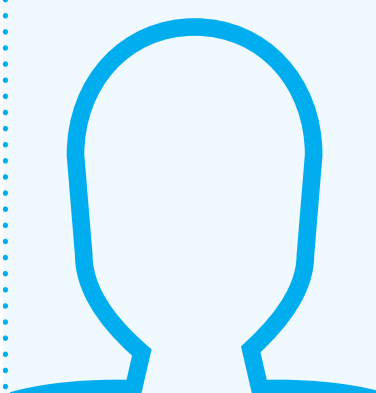
NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair		Clothing Size				
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					

IDENTIFYING CHARACTERISTICS



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist			[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE	

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME		
School Information				

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					
Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites			

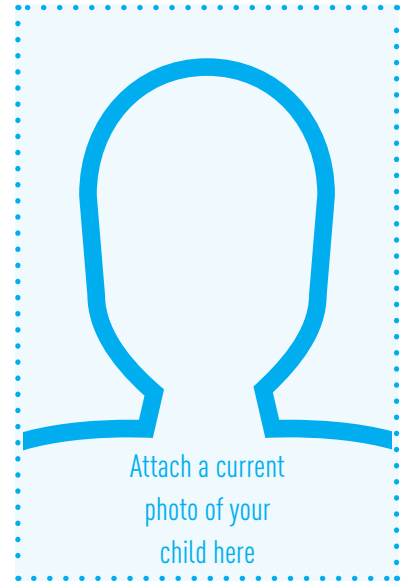
NOTES

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S HOME PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	MOTHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
				MOTHER'S SECONDARY WORK PHONE
				FATHER'S HOME PHONE
				FATHER'S CELL PHONE
				FATHER'S PRIMARY WORK PHONE
				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

'	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	Weight	Hair			Clothing Size		
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



- CHILD WEARS GLASSES
- CHILD WEARS CONTACT LENSES

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

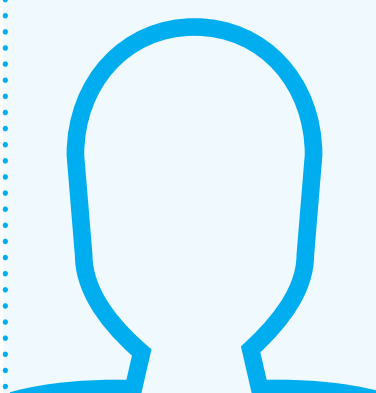
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
STREET ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE
NAME	STREET ADDRESS # CITY STATE	SECONDARY PHONE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair		Clothing Size				
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

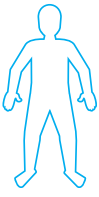
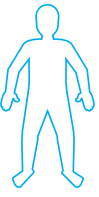
FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist			
<input type="checkbox"/> Wears Braces or Other Dental Appliance			
IF YES, INDICATE TYPE			

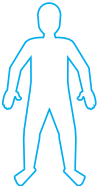

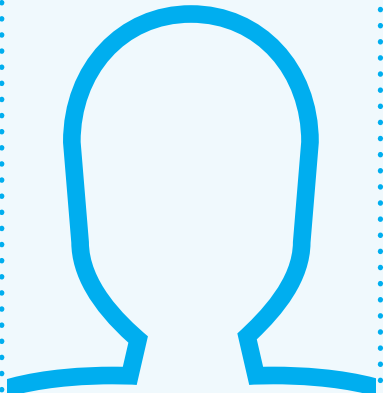
FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	
Child's Friends			
NAME	STREET ADDRESS	# CITY STATE	
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME	

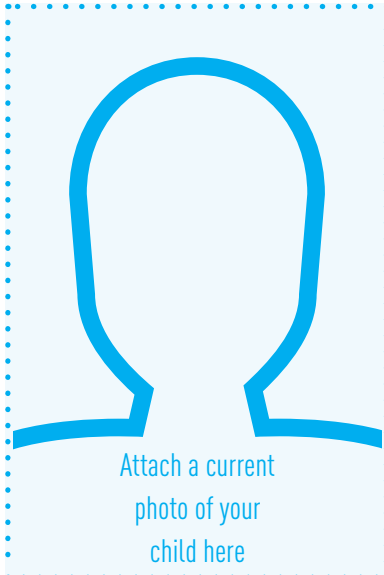

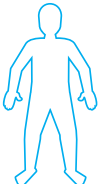
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					
Child's E-mailAddresses		Child's Screennames		Frequently Visited Websites	

NOTES

GENERAL INFORMATION	STREET ADDRESS		#	CITY		STATE		CHILD'S HOME PHONE		
	Child's Home Address							CHILD'S CELL PHONE		
	STREET ADDRESS		#	CITY		STATE		MOTHER'S HOME PHONE		
	Mother's Home Address							MOTHER'S CELL PHONE		
	STREET ADDRESS		#	CITY		STATE		MOTHER'S PRIMARY WORK PHONE		
	Mother's Primary Work Address							MOTHER'S SECONDARY WORK PHONE		
	STREET ADDRESS		#	CITY		STATE		FATHER'S HOME PHONE		
	Father's Home Address							FATHER'S CELL PHONE		
	STREET ADDRESS		#	CITY		STATE		FATHER'S PRIMARY WORK PHONE		
	Father's Primary Work Address							FATHER'S SECONDARY WORK PHONE		
Driver's License Number				License Plate Number						
Vehicle Registration Number				MAKE	MODEL	YEAR				
Vehicle Information										
IDENTIFYING CHARACTERISTICS	Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE	
	Hair		Clothing Size							
	Physical Handicaps				Favorite Activities					
	Particular Mannerisms				Frequently Visited Locations					
	FRONT		BACK							
	Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)				Nickname(s) of Child					
	Attach a current photo of your child here				<input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES					
	MEDICAL RECORDS	FIRST NAME		LAST NAME		PRIMARY PHONE				
STREET ADDRESS		#	CITY		STATE		SECONDARY PHONE			
Primary Care Physician										
Medications		Allergies		Illnesses						
DENTAL RECORDS	FIRST NAME		LAST NAME		PRIMARY PHONE					
	STREET ADDRESS		#	CITY		STATE		SECONDARY PHONE		
	Dentist				[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]					
	<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE							
OTHER CONTACT INFORMATION	FIRST NAME		LAST NAME		PRIMARY PHONE					
	STREET ADDRESS		#	CITY		STATE		SECONDARY PHONE		
	PRIMARY WORK ADDRESS		#	CITY		STATE		WORK PHONE		
	Emergency Adult Contact Information									
	FIRST NAME		LAST NAME		PRIMARY PHONE					
	STREET ADDRESS		#	CITY		STATE		PARENT'S NAME		
	FIRST NAME		LAST NAME		PRIMARY PHONE					
	STREET ADDRESS		#	CITY		STATE		PARENT'S NAME		
	Child's Friends									
	NAME		STREET ADDRESS		#	CITY		STATE		
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME						
School Information										
AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS		CITY	STATE			
AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS		CITY	STATE			
After-School Activities										
NAME		STREET ADDRESS		#	CITY		STATE			
PRIMARY PHONE		SECONDARY PHONE		SUPERVISOR'S NAME						
Employment Information										
Child's E-mailAddresses		Child's Screennames		Frequently Visited Websites						
NOTES										
	Any other relevant information that might assist police officers									

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION		
Child's Home Address					CHILD'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE				
Mother's Home Address					MOTHER'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE				
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE				
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE				
Father's Home Address					FATHER'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE				
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE				
Driver's License Number			License Plate Number					IDENTIFYING CHARACTERISTICS	
Vehicle Registration Number			MAKE	MODEL	YEAR	Vehicle Information			
Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS		SHOE
Physical Handicaps			Favorite Activities						
Particular Mannerisms			Frequently Visited Locations						
FRONT			BACK						
									
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)			Attach a current photo of your child here						
			<input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES						
			Nickname(s) of Child						
FIRST NAME		LAST NAME			PRIMARY PHONE		MEDICAL RECORDS		
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
Primary Care Physician									
Medications			Allergies		Illnesses				
FIRST NAME		LAST NAME			PRIMARY PHONE		DENTAL RECORDS		
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
Dentist					[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]				
<input type="checkbox"/> Wears Braces or Other Dental Appliance			IF YES, INDICATE TYPE						
FIRST NAME		LAST NAME			PRIMARY PHONE		OTHER CONTACT INFORMATION		
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
PRIMARY WORK ADDRESS		#	CITY	STATE	WORK PHONE				
Emergency Adult Contact Information									
FIRST NAME		LAST NAME			PRIMARY PHONE				
STREET ADDRESS		#	CITY	STATE	PARENT'S NAME				
FIRST NAME		LAST NAME			PRIMARY PHONE				
STREET ADDRESS		#	CITY	STATE	PARENT'S NAME				
Child's Friends									
NAME		STREET ADDRESS		#	CITY	STATE			
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME					
School Information									
AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS		CITY	STATE		
AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS		CITY	STATE		
After-School Activities									
NAME		STREET ADDRESS		#	CITY	STATE			
PRIMARY PHONE		SECONDARY PHONE		SUPERVISOR'S NAME					
Employment Information									
Child's E-mailAddresses			Child's Screennames		Frequently Visited Websites				
NOTES									
Any other relevant information that might assist police officers									

GENERAL INFORMATION	STREET ADDRESS				#	CITY		STATE	CHILD'S HOME PHONE		
	Child's Home Address								CHILD'S CELL PHONE		
	STREET ADDRESS				#	CITY		STATE	MOTHER'S HOME PHONE		
	Mother's Home Address								MOTHER'S CELL PHONE		
	STREET ADDRESS				#	CITY		STATE	MOTHER'S PRIMARY WORK PHONE		
Mother's Primary Work Address								MOTHER'S SECONDARY WORK PHONE			
STREET ADDRESS				#	CITY		STATE	FATHER'S HOME PHONE			
Father's Home Address								FATHER'S CELL PHONE			
STREET ADDRESS				#	CITY		STATE	FATHER'S PRIMARY WORK PHONE			
Father's Primary Work Address								FATHER'S SECONDARY WORK PHONE			
Driver's License Number				License Plate Number							
Vehicle Registration Number				MAKE	MODEL	YEAR					
Vehicle Information											
IDENTIFYING CHARACTERISTICS	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE			
	Height	Weight	Hair		Clothing Size						
	Physical Handicaps				Favorite Activities						
	Particular Mannerisms				Frequently Visited Locations						
	FRONT				BACK						
											
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)				<div style="border: 2px dashed #00a0e3; padding: 10px; text-align: center;">  <p>Attach a current photo of your child here</p> <p><input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES</p> </div>							
				Nickname(s) of Child							
MEDICAL RECORDS	FIRST NAME				LAST NAME				PRIMARY PHONE		
	STREET ADDRESS				#	CITY		STATE	SECONDARY PHONE		
	Primary Care Physician										
Medications				Allergies				Illnesses			
DENTAL RECORDS	FIRST NAME				LAST NAME				PRIMARY PHONE		
	STREET ADDRESS				#	CITY		STATE	SECONDARY PHONE		
	Dentist				[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]						
<input type="checkbox"/> Wears Braces or Other Dental Appliance				IF YES, INDICATE TYPE							
OTHER CONTACT INFORMATION	FIRST NAME				LAST NAME				PRIMARY PHONE		
	STREET ADDRESS				#	CITY		STATE	SECONDARY PHONE		
	PRIMARY WORK ADDRESS				#	CITY		STATE	WORK PHONE		
	Emergency Adult Contact Information										
	FIRST NAME				LAST NAME				PRIMARY PHONE		
	STREET ADDRESS				#	CITY		STATE	RELATIONSHIP TO CHILD		
	FIRST NAME				LAST NAME				PRIMARY PHONE		
	STREET ADDRESS				#	CITY		STATE	RELATIONSHIP TO CHILD		
	Child's Friends/Roommates										
	NAME				STREET ADDRESS				#	CITY	STATE
NAME				STREET ADDRESS				#	CITY	STATE	
PRIMARY PHONE				SECONDARY PHONE				SUPERVISOR'S NAME			
Employment Information											
Child's E-mailAddresses				Child's Screennames				Frequently Visited Websites			
NOTES											
	Any other relevant information that might assist police officers										

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION				
Child's Home Address					CHILD'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE					
Mother's Home Address					MOTHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE					
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE					
Father's Home Address					FATHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE					
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE					
Driver's License Number			License Plate Number			 <p>Attach a current photo of your child here</p> <p><input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES</p>				
Vehicle Registration Number			MAKE	MODEL	YEAR					
Vehicle Information										
Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE	IDENTIFYING CHARACTERISTICS	
Hair		Clothing Size								
Physical Handicaps			Favorite Activities							
Particular Mannerisms			Frequently Visited Locations							
FRONT		BACK								
										
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)										
FIRST NAME					LAST NAME		PRIMARY PHONE			MEDICAL RECORDS
STREET ADDRESS					#	CITY	STATE	SECONDARY PHONE		
Primary Care Physician										
Medications			Allergies			Illnesses				
FIRST NAME					LAST NAME		PRIMARY PHONE			DENTAL RECORDS
STREET ADDRESS					#	CITY	STATE	SECONDARY PHONE		
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]										
<input type="checkbox"/> Wears Braces or Other Dental Appliance					IF YES, INDICATE TYPE					
FIRST NAME					LAST NAME		PRIMARY PHONE			OTHER CONTACT INFORMATION
STREET ADDRESS					#	CITY	STATE	SECONDARY PHONE		
PRIMARY WORK ADDRESS					#	CITY	STATE	WORK PHONE		
Emergency Adult Contact Information										
FIRST NAME					LAST NAME		PRIMARY PHONE			
STREET ADDRESS					#	CITY	STATE	RELATIONSHIP TO CHILD		
FIRST NAME					LAST NAME		PRIMARY PHONE			
STREET ADDRESS					#	CITY	STATE	RELATIONSHIP TO CHILD		
Child's Friends/Roommates										
NAME			STREET ADDRESS		#	CITY	STATE			
PRIMARY PHONE			SECONDARY PHONE							
School Information										
NAME			STREET ADDRESS		#	CITY	STATE			
PRIMARY PHONE			SECONDARY PHONE		SUPERVISOR'S NAME					
Employment Information										
Child's E-mailAddresses			Child's Screennames			Frequently Visited Websites				
NOTES										

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
				CHILD'S CELL PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE
				MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE
				FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
				FATHER'S SECONDARY WORK PHONE

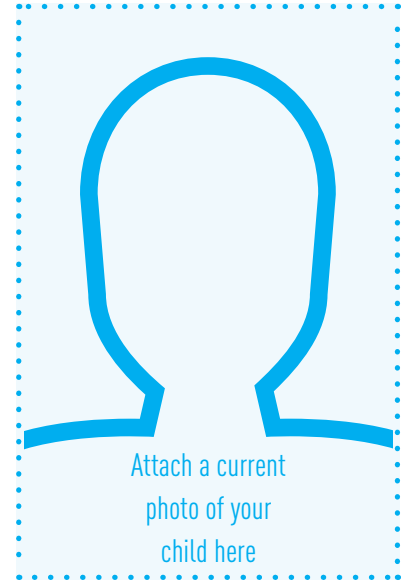
Driver's License Number	License Plate Number
Vehicle Registration Number	Vehicle Information
	MAKE MODEL YEAR

IDENTIFYING CHARACTERISTICS

Height	Weight	Hair	Clothing Size
Physical Handicaps	Favorite Activities		
Particular Mannerisms	Frequently Visited Locations		

FRONT	BACK

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)



- CHILD WEARS GLASSES
- CHILD WEARS CONTACT LENSES

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
Child's Friends/Roommates		
NAME	STREET ADDRESS	# CITY STATE
	PRIMARY PHONE	SECONDARY PHONE
School Information		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY PHONE	SECONDARY PHONE	SUPERVISOR'S NAME
Employment Information		
Child's E-mailAddresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address					CHILD'S CELL PHONE
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address					MOTHER'S CELL PHONE
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address					FATHER'S CELL PHONE
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE

GENERAL INFORMATION


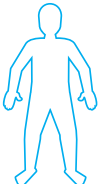
Driver's License Number	License Plate Number
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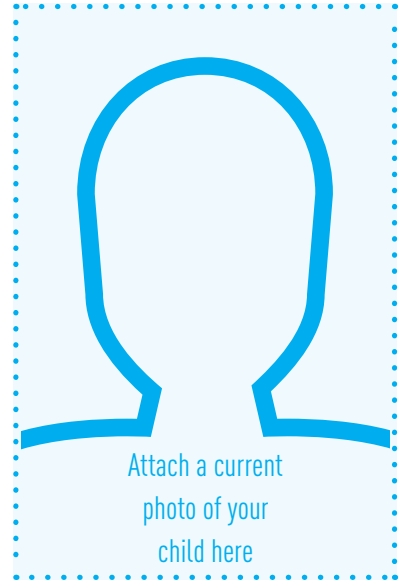
Vehicle Registration Number	MAKE	MODEL	YEAR
Vehicle Information			

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						

Physical Handicaps	Favorite Activities
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Particular Mannerisms	Frequently Visited Locations
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	FRONT	BACK	
			



IDENTIFYING CHARACTERISTICS

- CHILD WEARS GLASSES
- CHILD WEARS CONTACT LENSES

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		STATE
		SECONDARY PHONE

MEDICAL RECORDS

Medications	Allergies	Illnesses
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FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		STATE
		SECONDARY PHONE

DENTAL RECORDS

Wears Braces or Other Dental Appliance IF YES, INDICATE TYPE

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Emergency Adult Contact Information		STATE
		SECONDARY PHONE-
PRIMARY WORK ADDRESS		STATE
		WORK PHONE

OTHER CONTACT INFORMATION

Emergency Adult Contact Information

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
		STATE
		RELATIONSHIP TO CHILD
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
		STATE
		RELATIONSHIP TO CHILD

Child's Friends/Roomates

NAME	STREET ADDRESS	#	CITY	STATE
		PRIMARY PHONE	SECONDARY PHONE	

School Information

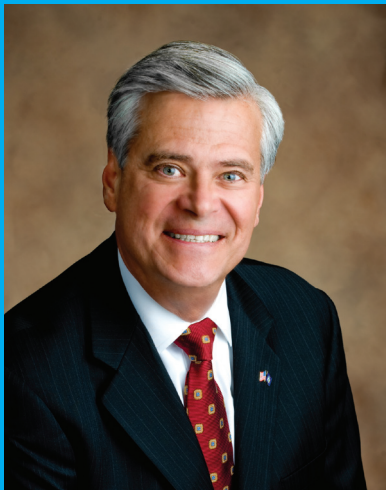
NAME	STREET ADDRESS	#	CITY	STATE
		PRIMARY PHONE	SUPERVISOR'S NAME	

Employment Information

Child's E-mailAddresses	Child's Screensnames	Frequently Visited Websites
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NOTES

Any other relevant information that might assist police officers
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**New York State Majority Leader
Senator Dean Skelos**

DISTRICT 9

SKELOS.NYSENATE.GOV

District Office

55 Front Street

Rockville Centre, NY 11570

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Albany Office

Legislative Office Building, Room 909

Albany, NY 12247

Phone: (518) 455-3171

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