New York State
Senator James S. Alesi
55TH SENATE DISTRICT
ALESI.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,

Recent data predict a troubling reality for parents: 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,

James S. Alesi
55th Senate District

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 www.criminaljustice.ny.gov/missing

NATIONAL HOTLINES:

Child Find of America
1-800-I-AM-LOST (1-800-426-5678) or 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 nineline.org

#603 2012

SAFETY

GENERAL INFORMATION

LAST | FIRST | MIDDLE — Child's Full Name

Child's Social Security Number

MONTH | DAY | YEAR — Child's Birthday

HOSPITAL | CITY | STATE | COUNTRY — Child's Birthplace

☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ American Indian ☐ Biracial ☐ Other

Child's Race

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

MEDICAL RECORDS

FIRST NAME | LAST NAME | ADDRESS | PHONE — Primary Care Physician

Allergies

Physical Handicaps

Chronic Illnesses

Blood Type

ROOTS AND FOLLICLES — Hair Sample

DENTAL RECORDS

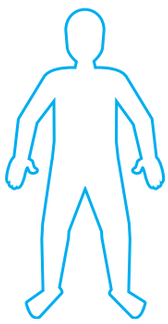
FIRST NAME | LAST NAME | ADDRESS | PHONE — Dentist

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

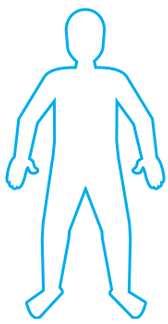
IDENTIFYING CHARACTERISTICS

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

FRONT



BACK



FINGERPRINTS

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

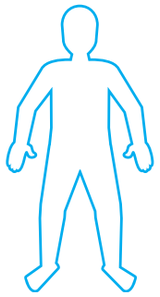
IDENTIFYING CHARACTERISTICS

' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

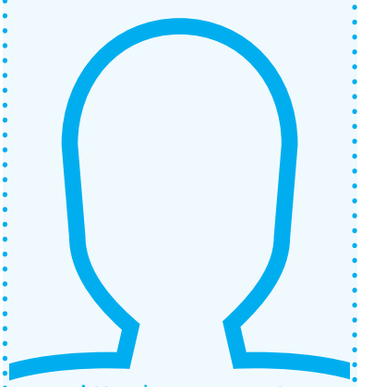
Height | Weight | Hair | Clothing Size

Physical Handicaps | Particular Mannerisms

FRONT | BACK



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



Attach a current photo of your child here

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

STREET ADDRESS | # | CITY | STATE

NAME | TEACHER'S NAME | PHONE

Day Care/Pre-School Contact Inforomation

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 CELL PHONE

Mother's Home Address

STREET ADDRESS | # | CITY | STATE | MOTHER'S PRIMARY WORK PHONE | MOTHER'S SECONDARY WORK PHONE

Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE | FATHER'S HOME PHONE | FATHER'S CELL PHONE

Father's Home Address

STREET ADDRESS | # | CITY | STATE | FATHER'S PRIMARY WORK PHONE | FATHER'S SECONDARY WORK PHONE

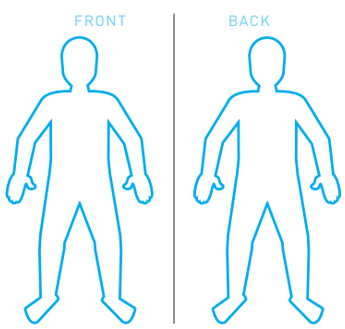
Father's Primary Work Address

IDENTIFYING CHARACTERISTICS

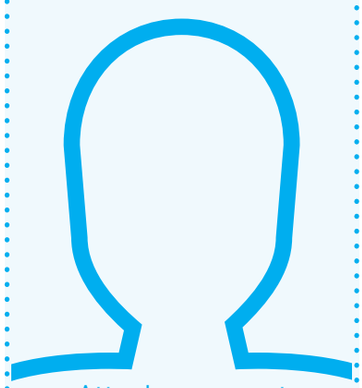
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

Height | Weight | Hair | Clothing Size

Physical Handicaps | Particular Mannerisms



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

NAME | STREET ADDRESS | # | CITY | STATE

TEACHER'S NAME | PHONE

Day Care/Pre-School Contact Inforomation

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 | 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

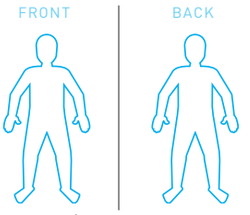
IDENTIFYING CHARACTERISTICS

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

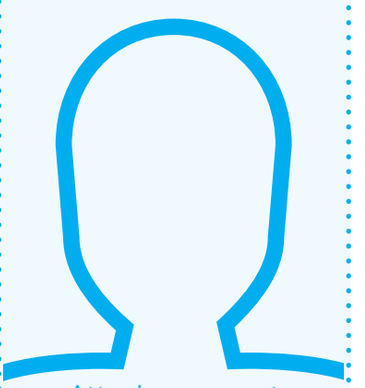
Favorite Activities | Favorite Foods

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

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

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 CELL PHONE

Mother's Home Address

STREET ADDRESS | # | CITY | STATE | MOTHER'S PRIMARY WORK PHONE | MOTHER'S SECONDARY WORK PHONE

Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE | FATHER'S HOME PHONE | FATHER'S CELL PHONE

Father's Home Address

STREET ADDRESS | # | CITY | STATE | FATHER'S PRIMARY WORK PHONE | FATHER'S SECONDARY WORK PHONE

Father's Primary Work Address

IDENTIFYING CHARACTERISTICS

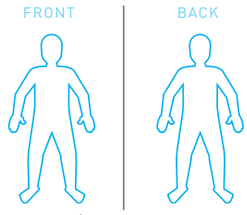
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

Height | Weight | Hair | Clothing Size

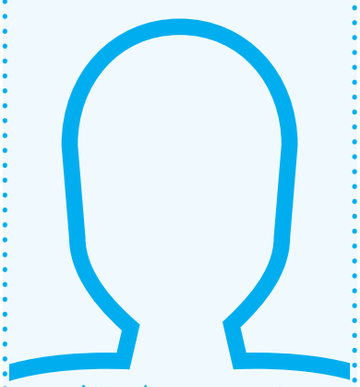
Favorite Activities | Favorite Foods

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
☐ LEFT-HANDED ☐ RIGHT-HANDED

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

STREET ADDRESS | # | CITY | STATE

NAME | TEACHER'S NAME | PHONE

Day Care/Pre-School Contact Inforomation

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 CELL PHONE

Mother's Home Address

STREET ADDRESS | # | CITY | STATE | MOTHER'S PRIMARY WORK PHONE | MOTHER'S SECONDARY WORK PHONE

Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE | FATHER'S HOME PHONE | FATHER'S CELL PHONE

Father's Home Address

STREET ADDRESS | # | CITY | STATE | FATHER'S PRIMARY WORK PHONE | FATHER'S SECONDARY WORK PHONE

Father's Primary Work Address

IDENTIFYING CHARACTERISTICS

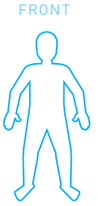
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

Height | Weight | Hair | Clothing Size

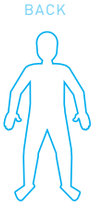
Physical Handicaps | Favorite Activities | Favorite Foods

Particular Mannerisms | Frequently Visited Locations

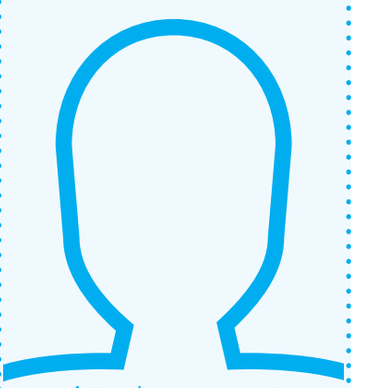
FRONT



BACK



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



Attach a current photo of your child here

☐ CHILD WEARS GLASSES

☐ LEFT-HANDED ☐ RIGHT-HANDED

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

STREET ADDRESS | # | CITY | STATE

NAME | PRIMARY PHONE | 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

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 | 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

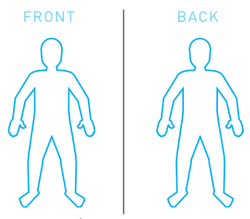
IDENTIFYING CHARACTERISTICS

' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

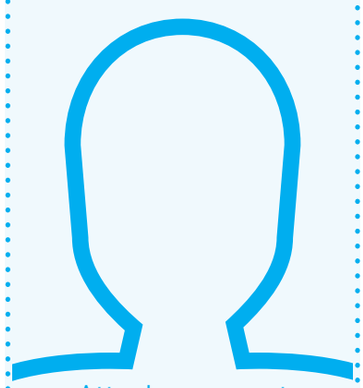
Height | Weight | Hair | Clothing Size

Physical Handicaps | Favorite Activities | Favorite Foods

Particular Mannerisms | Frequently Visited Locations



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



Attach a current photo of your child here

☐ CHILD WEARS GLASSES

☐ LEFT-HANDED ☐ RIGHT-HANDED

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

STREET ADDRESS | # | CITY | STATE

NAME | PRIMARY PHONE | 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

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

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

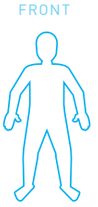
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

Height | Weight | Hair | Clothing Size

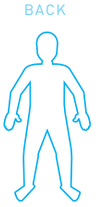
Physical Handicaps | Favorite Activities | Favorite Foods

Particular Mannerisms | Frequently Visited Locations

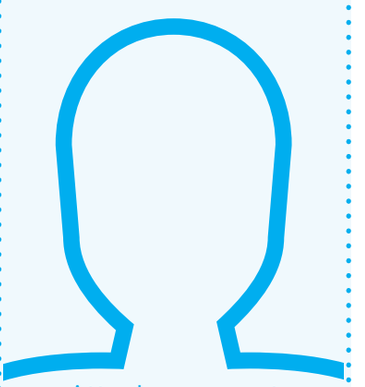
FRONT



BACK



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



Attach a current photo of your child here

☐ CHILD WEARS GLASSES

☐ LEFT-HANDED ☐ RIGHT-HANDED

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

STREET ADDRESS | # | CITY | STATE

NAME | PRIMARY PHONE | 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

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 Address

STREET ADDRESS | # | CITY | STATE
Mother's Home Address

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE
Father's Home Address

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address

CHILD'S HOME PHONE
CHILD'S CELL PHONE
MOTHER'S HOME PHONE
MOTHER'S CELL PHONE
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

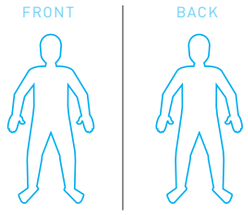
IDENTIFYING CHARACTERISTICS

' " | LBS | COLOR | STYLE | LENGTH | SHOE | PANTS | SHOE
Height | Weight | Hair | Clothing Size

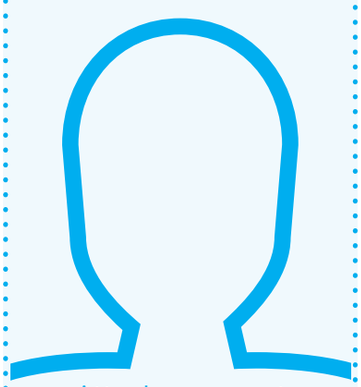
Physical Handicaps | Favorite Activities | Favorite Foods

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]

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
Child's Friends

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses | 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

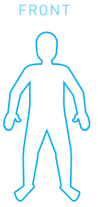
IDENTIFYING CHARACTERISTICS

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

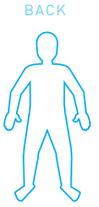
Physical Handicaps | Favorite Activities | Favorite Foods

Particular Mannerisms | Frequently Visited Locations

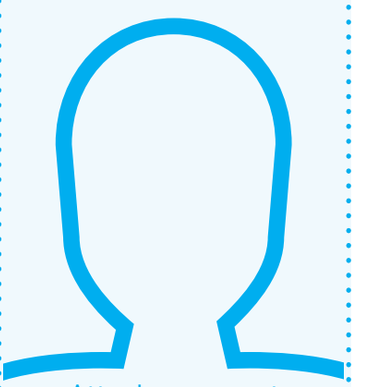
FRONT



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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses | 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 Address

CHILD'S HOME PHONE
CHILD'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Home Address

MOTHER'S HOME PHONE
MOTHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address

MOTHER'S PRIMARY WORK PHONE
MOTHER'S SECONDARY WORK PHONE

STREET ADDRESS | # | CITY | STATE
Father's Home Address

FATHER'S HOME PHONE
FATHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address

FATHER'S PRIMARY WORK PHONE
FATHER'S SECONDARY WORK PHONE

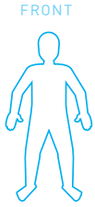
IDENTIFYING CHARACTERISTICS

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

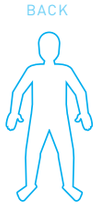
Physical Handicaps | Favorite Activities | Favorite Foods

Particular Mannerisms | Frequently Visited Locations

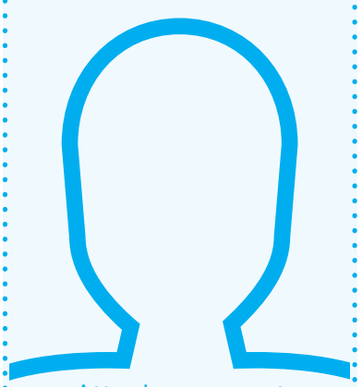
FRONT



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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses | 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

IDENTIFYING CHARACTERISTICS

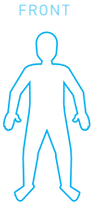
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE

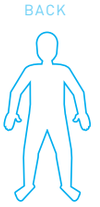
Height | Weight | Hair | Clothing Size

Physical Handicaps | Favorite Activities

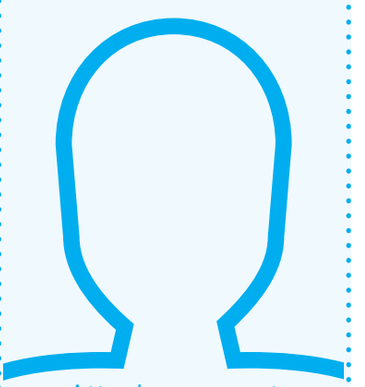
Particular Mannerisms | Frequently Visited Locations

FRONT | BACK





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

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses | 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 Address

CHILD'S HOME PHONE
CHILD'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Home Address

MOTHER'S HOME PHONE
MOTHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address

MOTHER'S PRIMARY WORK PHONE
MOTHER'S SECONDARY WORK PHONE

STREET ADDRESS | # | CITY | STATE
Father's Home Address

FATHER'S HOME PHONE
FATHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address

FATHER'S PRIMARY WORK PHONE
FATHER'S SECONDARY WORK PHONE

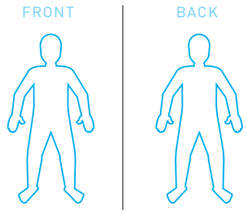
IDENTIFYING CHARACTERISTICS

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

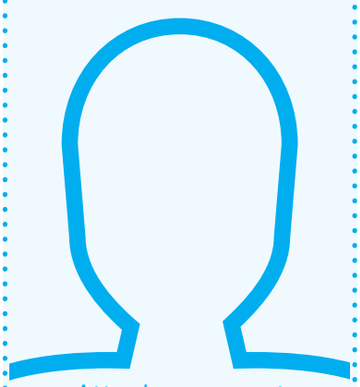
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

FRONT | BACK



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, 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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses | 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 Address

STREET ADDRESS | # | CITY | STATE
Mother's Home Address

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE
Father's Home Address

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address

CHILD'S HOME PHONE
CHILD'S CELL PHONE
MOTHER'S HOME PHONE
MOTHER'S CELL PHONE
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

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

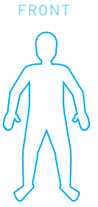
Physical Handicaps

Favorite Activities

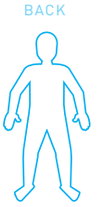
Particular Mannerisms

Frequently Visited Locations

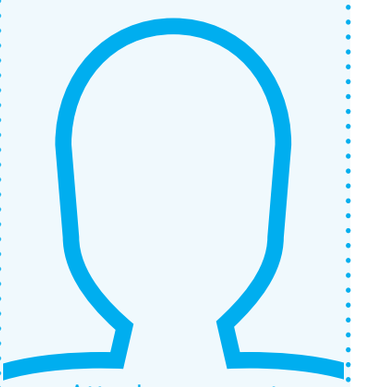
FRONT



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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

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

Child's email addresses

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 Address
CHILD'S HOME PHONE
CHILD'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Home Address
MOTHER'S HOME PHONE
MOTHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address
MOTHER'S PRIMARY WORK PHONE
MOTHER'S SECONDARY WORK PHONE

STREET ADDRESS | # | CITY | STATE
Father's Home Address
FATHER'S HOME PHONE
FATHER'S CELL PHONE

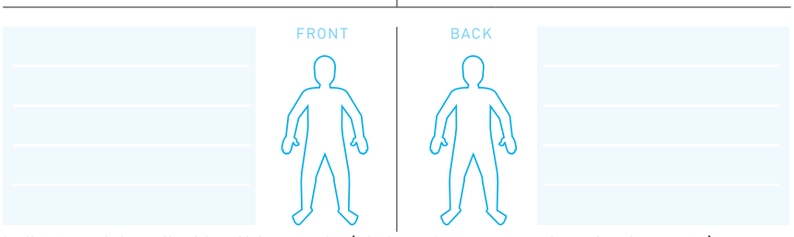
STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address
FATHER'S PRIMARY WORK PHONE
FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

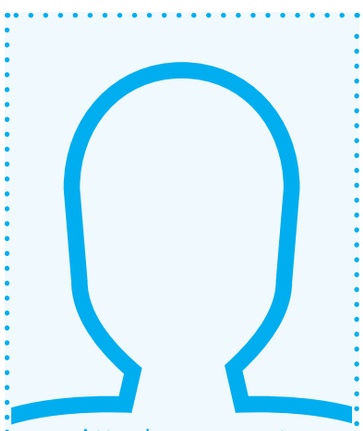
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE
Height | Weight | Hair | Clothing Size

Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, 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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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 email addresses | 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

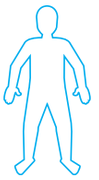
IDENTIFYING CHARACTERISTICS

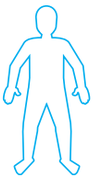
' " | LBS | COLOR | STYLE | LENGTH | SHIRT | PANTS | SHOE
Height | Weight | Hair | Clothing Size

Physical Handicaps | Favorite Activities

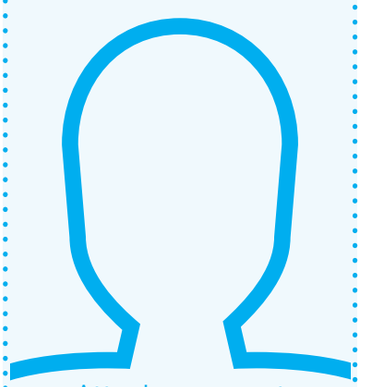
Particular Mannerisms | Frequently Visited Locations

FRONT | BACK





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

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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 email addresses | Child's Screennames | Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

AGE 15

GENERAL INFORMATION

STREET ADDRESS | # | CITY | STATE
Child's Home Address
CHILD'S HOME PHONE
CHILD'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Home Address
MOTHER'S HOME PHONE
MOTHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address
MOTHER'S PRIMARY WORK PHONE
MOTHER'S SECONDARY WORK PHONE

STREET ADDRESS | # | CITY | STATE
Father's Home Address
FATHER'S HOME PHONE
FATHER'S CELL PHONE

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address
FATHER'S PRIMARY WORK PHONE
FATHER'S SECONDARY WORK PHONE

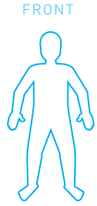
IDENTIFYING CHARACTERISTICS

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

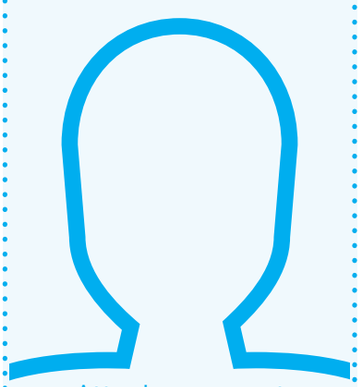
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

FRONT | BACK



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, 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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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 email addresses | 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

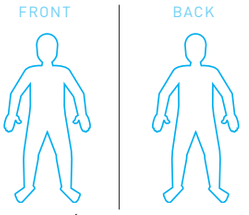
IDENTIFYING CHARACTERISTICS

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

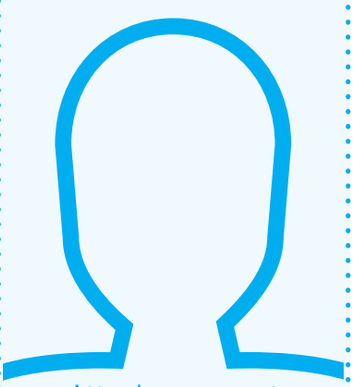
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

FRONT | BACK



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, 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]

☐ 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

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | 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

NAME | STREET ADDRESS | # | CITY | STATE
PRIMARY PHONE | SECONDARY PHONE | SUPERVISOR'S NAME
Employment Information

Child's email addresses | 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

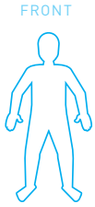
IDENTIFYING CHARACTERISTICS

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

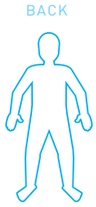
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

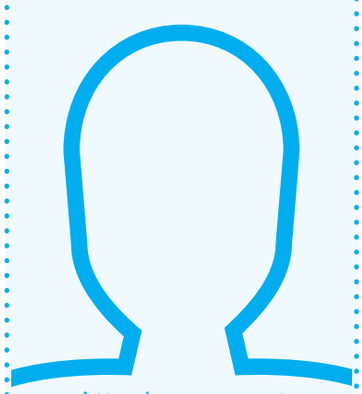
FRONT



BACK



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



Attach a current photo of your child here

☐ 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]

☐ 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 PHONE | 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

NAME | STREET ADDRESS | # | CITY | STATE
PRIMARY PHONE | SECONDARY PHONE | SUPERVISOR'S NAME
Employment Information

Child's email addresses | 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

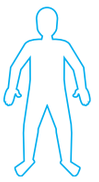
IDENTIFYING CHARACTERISTICS

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

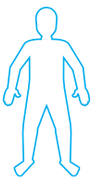
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

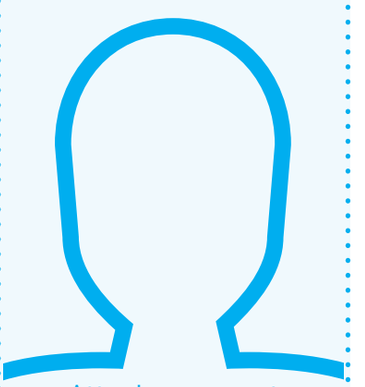
FRONT



BACK



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



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)

☐ 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/Roomates

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | SECONDARY PHONE
School Information

NAME | STREET ADDRESS | # | CITY | STATE
PRIMARY PHONE | SECONDARY PHONE | SUPERVISOR'S NAME
Employment Information

Child's email addresses | 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

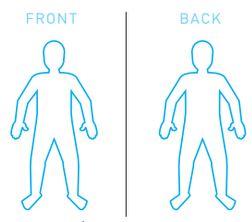
Vehicle Registration Number | MAKE | MODEL | YEAR | Vehicle Information

IDENTIFYING CHARACTERISTICS

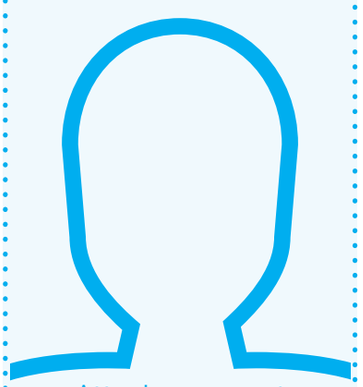
Height | Weight (LBS) | Hair (COLOR) | STYLE | LENGTH | Clothing Size (SHIRT | PANTS | SHOE)

Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, 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]

☐ 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/Roomates

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 email addresses | 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

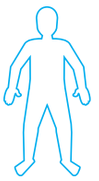
IDENTIFYING CHARACTERISTICS

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

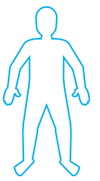
Physical Handicaps | Favorite Activities

Particular Mannerisms | Frequently Visited Locations

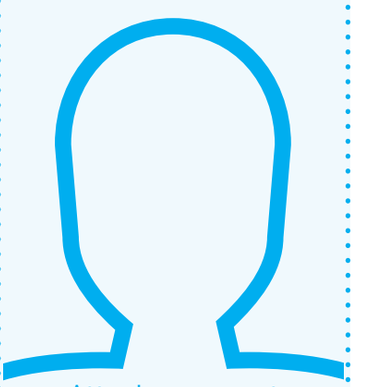
FRONT



BACK



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



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)

☐ 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/Roomates

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | SECONDARY PHONE
School Information

NAME | STREET ADDRESS | # | CITY | STATE
PRIMARY PHONE | SECONDARY PHONE | SUPERVISOR'S NAME
Employment Information

Child's email addresses | 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 Address

STREET ADDRESS | # | CITY | STATE
Mother's Home Address

STREET ADDRESS | # | CITY | STATE
Mother's Primary Work Address

STREET ADDRESS | # | CITY | STATE
Father's Home Address

STREET ADDRESS | # | CITY | STATE
Father's Primary Work Address

CHILD'S HOME PHONE
CHILD'S CELL PHONE
MOTHER'S HOME PHONE
MOTHER'S CELL PHONE
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

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

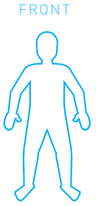
Particular Mannerisms

Frequently Visited Locations

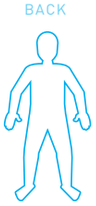
Attach a current photo of your child here

☐ CHILD WEARS GLASSES
☐ CHILD WEARS CONTACT LENSES

FRONT



BACK



Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, 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]

☐ 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/Roomates

STREET ADDRESS | # | CITY | STATE
NAME | PRIMARY PHONE | SECONDARY PHONE
School Information

NAME | STREET ADDRESS | # | CITY | STATE
PRIMARY PHONE | SECONDARY PHONE | SUPERVISOR'S NAME
Employment Information

Child's email addresses

Child's Screennames

Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

New York State
Senator James S. Alesi
55TH SENATE DISTRICT
ALESI.NYSENATE.GOV

District Office
220 Packetts Landing
Fairport, New York 14450
(585) 223-1800

Albany Office
512 Legislative Office Building
Albany, New York 12247
(518) 455-2015