



New York State  
Senator Michael F. Nozzolio  
54TH SENATE DISTRICT  
NOZZOLIO.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](http://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,

Senator Michael F. Nozzolio

**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/](https://criminaljustice.state.ny.us/missing/)

**NATIONAL HOTLINES:**

**Child Find of America**  
1-800-I-AM-LOST (1-800-426-5678) or [www.childfindofamerica.org](https://www.childfindofamerica.org)

**National Center for Missing and Exploited Children**  
1-800-843-5678 or [www.missingkids.com](https://www.missingkids.com)

**Covenant House Nineline Runaways**  
1-800-999-9999 or [www.covenanthouse.org/nineline](https://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 Social Security Number						
Mother's Full Name															
LAST			FIRST			MIDDLE			Father's Social Security Number						
Father's Full Name															

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

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

IDENTIFYING CHARACTERISTICS

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

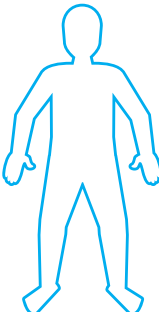
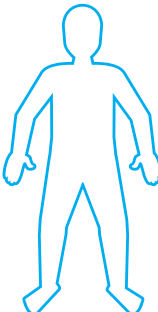
RIGHT RING

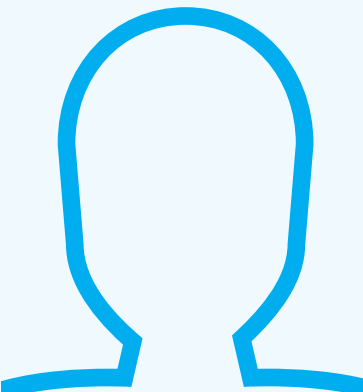
RIGHT PINKIE

FINGER-PRINTS



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	HAIR	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
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

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

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



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		
									IDENTIFYING CHARACTERISTICS	
'	''	LBS	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	
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										
			STREET ADDRESS			#	CITY	STATE		
NAME			TEACHER'S NAME			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				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	Hair	Clothing Size
Favorite Activities		Favorite Foods	
Physical Handicaps		Particular Mannerisms	

FRONT

BACK

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

Nickname(s) of Child

Attach a current photo of your child here

☐ CHILD WEARS GLASSES

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
		TEACHER'S NAME		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				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

FEET	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



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		

'	''	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

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.)

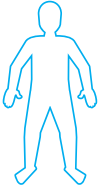
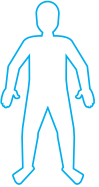
Nickname(s) of Child

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						
' "		LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE		IDENTIFYING CHARACTERISTICS	
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	
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											
					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

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]

☐ 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

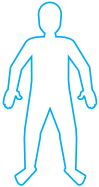
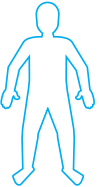
Child's Screennames

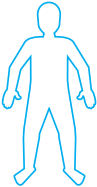

Frequently Visited Websites

NOTES

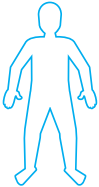
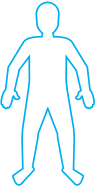
Any other relevant information that might assist police officers



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						
' "		LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE		IDENTIFYING CHARACTERISTICS	
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	
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											
					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				
IDENTIFYING CHARACTERISTICS	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	Hair			Clothing Size		<div>Attach a current photo of your child here</div> <div><input type="checkbox"/> CHILD WEARS GLASSES</div> <div><input type="checkbox"/> CHILD WEARS CONTACT LENSES</div>					
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					
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												
					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												





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						
' "		LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE		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, etc.)										Attach a current photo of your child here	
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											
					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

Height	Weight	Hair	Clothing Size
Physical Handicaps		Favorite Activities	
Particular Mannerisms		Frequently Visited Locations	
<div>FRONT</div> <div></div>		<div>BACK</div> <div></div>	

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 email addresses	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							

'	''	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	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

Any other relevant information that might assist police officers

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

Height	Weight	Hair	Color	Style	Length	Shirt	Pants	Shoe
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	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
Child's email addresses			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							

'	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	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				
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				

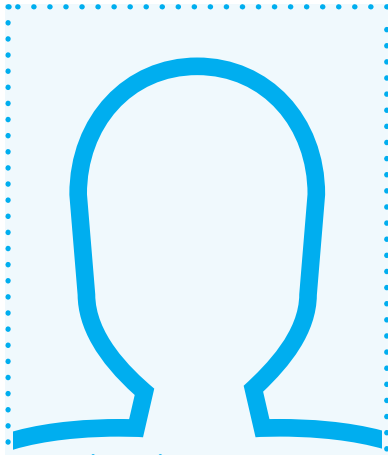
Any other relevant information that might assist police officers

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		
'	''	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.)		Nickname(s) of Child						

IDENTIFYING CHARACTERISTICS



Attach a current photo of your child here

☐ CHILD WEARS GLASSES

☐ CHILD WEARS CONTACT LENSES

MEDICAL RECORDS

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

DENTAL RECORDS

FIRST NAME	LAST NAME		PRIMARY PHONE
STREET ADDRESS	#	CITY	STATE
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		
PRIMARY WORK ADDRESS	#	CITY	STATE		
Emergency Adult Contact Information					
FIRST NAME	LAST NAME		PRIMARY PHONE		
STREET ADDRESS	#	CITY	STATE		
FIRST NAME	LAST NAME		PRIMARY PHONE		
STREET ADDRESS	#	CITY	STATE		
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 email addresses		Child's Screennames		Frequently Visited Websites	

NOTES

Any other relevant information that might assist police officers

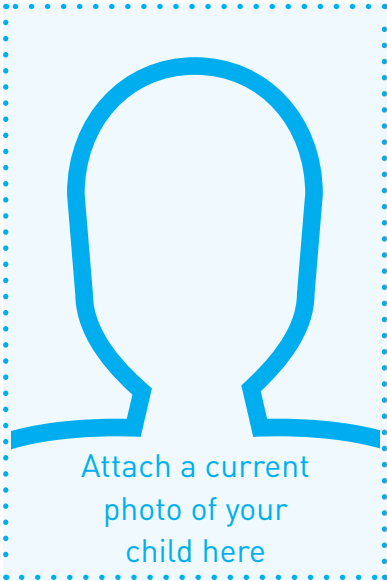
STREET ADDRESS							#	CITY	STATE	CHILD'S HOME PHONE																	
Child's Home Address									CHILD'S CELL PHONE																		
STREET ADDRESS							#	CITY	STATE	MOTHER'S HOME PHONE																	
Mother's Home Address									MOTHER'S CELL PHONE																		
STREET ADDRESS							#	CITY	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																		
Driver's License Number								License Plate Number																			
								MAKE	MODEL			YEAR															
Vehicle Registration Number								Vehicle Information																			
"	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE																			
Height	Weight	Hair					Clothing Size																				
Physical Handicaps								Favorite Activities																			
Particular Mannerisms								Frequently Visited Locations																			
<div>FRONT</div>								<div>BACK</div>																			
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													
STREET ADDRESS							#	CITY	STATE	SECONDARY PHONE																	
Primary Care Physician																											
Medications														Allergies							Illnesses						
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																	
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												
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	LENGTH	SHIRT	PANTS	SHOE
Height		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, tattoos, 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		
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	
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



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							
Vehicle Registration Number				MAKE		MODEL		YEAR	<div>IDENTIFYING CHARACTERISTICS</div> <div>Attach a current photo of your child here</div> <div><input type="checkbox"/> CHILD WEARS GLASSES</div> <div><input type="checkbox"/> CHILD WEARS CONTACT LENSES</div> <div>Nickname(s) of Child</div>		
Vehicle Information											
HEIGHT		WEIGHT	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.)											
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/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			
				MAKE	MODEL	YEAR	
Vehicle Registration Number				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

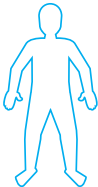
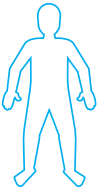
FIRST NAME		LAST NAME		PRIMARY PHONE	
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE
Dentist				[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	
<input type="checkbox"/> Wears Braces or Other Dental Appliance			IF YES, INDICATE TYPE		

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/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

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																				
					MAKE		MODEL			YEAR															
Vehicle Registration Number					Vehicle Information																				
' "		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										IDENTIFYING CHARACTERISTICS
															<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		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 Michael F. Nozzolio**

**54TH SENATE DISTRICT  
NOZZOLIO@NYSenate.GOV**

**District Office**

119 Fall Street  
Seneca Falls, NY 13148  
(315) 568-9816  
Toll Free: 1-888-568-9816

**Albany Office**

412 Legislative Office Building  
Albany, New York 12247  
(518) 455-2366



