



New York State
Senator Catharine M. Young
57TH SENATE DISTRICT
YOUNG.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,

A handwritten signature in black ink that reads "Cathy". The signature is stylized with a large, looping "C" and a long, sweeping tail that extends under the name.

New York State Senator Catharine M. Young

More Resources for Parents

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

NATIONAL HOTLINES:

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

National Center for Missing and Exploited Children
1-800-843-5678 or www.missingkids.com

Covenant House Ninline Runaways
1-800-999-9999 or www.covenanthouse.org/ninline

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						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								

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

FIRST NAME		LAST NAME		ADDRESS			PHONE			DENTAL RECORDS	
Dentist											

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

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

FRONT

BACK

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

[illegible]

<div> <div> MEDICAL RECORDS </div> </div>	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	
	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	
IDENTIFYING CHARACTERISTICS	STREET ADDRESS				#	CITY		STATE	FATHER'S PRIMARY WORK PHONE	
	Father's Primary Work Address								FATHER'S SECONDARY WORK PHONE	
	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		
								<input type="checkbox"/> 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 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									

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								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		
Favorite Activities			Favorite Foods					
Physical Handicaps			Particular Mannerisms					

FRONT

BACK

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)		<div>Attach a current photo of your child here</div> <div><input type="checkbox"/> CHILD WEARS GLASSES</div> <div><input type="checkbox"/> LEFT-HANDED <input type="checkbox"/> RIGHT-HANDED</div> <div></div>
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	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

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

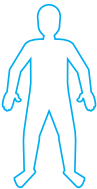

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Any other relevant information that might assist police officers

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

HEIGHT	WEIGHT	HAIR	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

MEDICAL RECORDS

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

Medications	Allergies	Illnesses
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DENTAL RECORDS

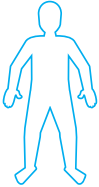
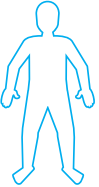
FIRST NAME	LAST NAME			PRIMARY PHONE
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
Dentist				[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

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					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

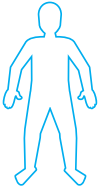
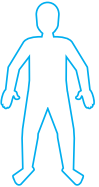
Child's email addresses

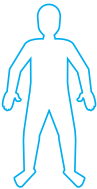
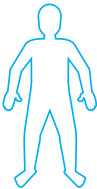
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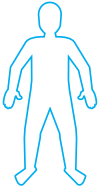
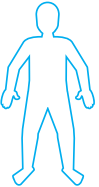
Frequently Visited Websites

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		

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					
	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
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

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
After-School Activities					
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	
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						

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
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

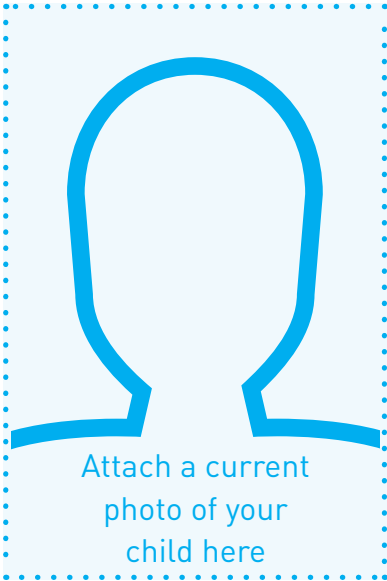
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GENERAL INFORMATION

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

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]
<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

[illegible]

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

PHYSICAL HANDICAPS

FAVORITE ACTIVITIES

PARTICULAR MANNERISMS

FREQUENTLY VISITED LOCATIONS

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

NAME

STREET ADDRESS

#

CITY

STATE

NAME

STREET ADDRESS

#

CITY

STATE

School Information

NAME

STREET ADDRESS

#

CITY

STATE

NAME

STREET ADDRESS

#

CITY

STATE

Employment Information

Child's email addresses

Child's Screennames

Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

AGE 20

23

[illegible]



New York State
Senator Catharine M. Young
57TH SENATE DISTRICT
YOUNG.NYSENATE.GOV

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