“All About Me”

Child Personal Information and Fingerprint Kit

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1-800-FIND-KID
www.criminaljustice.state.ny.us
Emergency Telephone Information

Use the following space to fill in your local emergency contact information.

Police Department: ____________________________________________

Fire Department: _____________________________________________

Poison Control: _______________________________________________

Emergency Medical Services: ____________________________________

Ambulance: __________________________________________________

Family Doctor: _______________________________________________

Emergency Contact (friend, neighbor, relative): ______________________

Pharmacy Number: ____________________________________________

Babysitter: __________________________________________________

Cell Phone: __________________________________________________
Dear Parents:

Experience has taught us that when a child is missing, time is a crucial ingredient for a prompt and thorough investigation. That is what makes this information kit so valuable to you and your family. When parents realize that a child may be missing, they are often too upset to report the important facts needed to carry out the investigation. This booklet is designed to ensure that biographical information and photographs of a child are available immediately in an emergency situation. The time you take now to enter a child’s data into this booklet will greatly assist investigators in promptly initiating their search.

In addition to the easy-to-access personal information that this booklet offers, basic safety rules have been included on Page 3. Every kid needs to know these.

On the following page, you will find simple instructions to help you fill out this kit.

Thank you for taking the time to help keep children safe.
How to Use this Kit

• Answer all the questions as completely and accurately as possible.

• Remember to periodically update this information. The most current information is the most helpful. Plan to bring it with you to Doctor visits.

• Photographs should be updated every six months for children under the age of six, and annually thereafter. School photographs are the best, since they are quality photos which are usually taken yearly. Be sure to include full head-and-shoulder photos.

• Be certain that your family doctor and dentist maintain up-to-date records. If you relocate, take medical records with you.

• Keep this document safe, but in a place where it can be accessed easily. Make a copy and keep it at work or at a relative’s home.

This box was completed on ________________________________
by ____________________________________________________
Teach your child:
• His or her name and address and how to write them.
• His or her telephone number (including the area code).
• The telephone number of your local police agency (or 911) and how to dial them.

Here are some ways to talk to your children about their safety. It is important to reinforce this information periodically:
• If you are in a public place and become separated from your parents, do not wander around looking for them. Immediately go to a “trustworthy” person (e.g. cashier, security officer) and tell the person that you have lost your parent(s) and need help.
• Never get into a car with someone that you do not know. If a person tries to talk to you from a car, you do not need to go near the car to answer.
• If someone follows you on foot or in a car, run away to a safe place. A safe place is the home of a neighbor, friend or relative; a store; or any place where there are other people. A safe place is not normally a wooded area, a pile of leaves, an unoccupied automobile or abandoned building.
• Do not go anywhere with any person unless you have obtained permission from your parents or the adult responsible for you. You should not go anywhere with a person who tells you that your parents are in trouble and he or she will take you to them. Run away and tell an adult.
• If someone tries to take you somewhere, quickly get away and yell, “This person is trying to take me away.” Say No, Then Go and Tell.
• Always ask permission from a parent or other person in charge (e.g., babysitter, teacher) to leave the yard or play area or to go into someone’s home.
• No one should touch you, nor should you touch anyone else on parts of the body normally covered by a bathing suit. Your body is special and private.
• You can be assertive, and you have the right to say “NO” to anyone who tries to take you somewhere, touches you, or makes you feel uncomfortable in any way.

Important Note: Finally, a clear, calm, and reasonable message about situations and actions to be concerned about is easier for a child to understand than a particular profile or image of a “stranger.” Often, people who harm children are not strangers— but rather are acquaintances, friends, or relatives.
About You (Parent or Guardian)

Name: Last ________________________ First _________________ MI _______

Date of Birth: _____ /____ /____ Relationship to Child: _____________________

Street Address: _______________________________________________________

City: _____________________________ State/Zip Code: __________________

Telephone: _________________________ Business: _______________________

Cellular Phone: ______________________ E-mail: ________________________

About Your Child

Name: Last ________________________ First _________________ MI _______

Nickname: _____________________ Social Security #: ____________________

Date of Birth: ____ /____ /____ Gender (Sex): ☐ (M) Male ☐ (F) Female

Place of Birth: (Municipality/State/Country) ______________________________

Race ☐ (B) Black ☐ (W) White ☐ (I) American Indian/Alaskan Native
☐ (A) Asian/Pacific Islander ☐ (U) Unknown

As your child grows, take his or her measurements at least once each year and record them below:

Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
Date___/___/___ Height(HGT) _________ Ft/in Weight (WGT) ________ Lbs
### About Your Child (continued)

#### Eye Color (EYE)
- [ ] (BLK) Black
- [ ] (BLU) Blue
- [ ] (BRO) Brown
- [ ] (GRY) Gray
- [ ] (GRN) Green
- [ ] (HAZ) Hazel
- [ ] (MAR) Maroon
- [ ] (MUL) Multicolor
- [ ] (PNK) Pink
- [ ] (XXX) Unknown

#### Hair Color (HAI)
- [ ] (BLK) Black
- [ ] (BLN) Blond/Strawberry
- [ ] (BRO) Brown
- [ ] (GRY) Gray
- [ ] (RED) Red/Auburn
- [ ] (SDY) Sandy
- [ ] (WHI) White
- [ ] (GRN) Green
- [ ] (ONG) Orange
- [ ] (PLE) Purple
- [ ] (PNK) Pink
- [ ] (BLU) Blue
- [ ] (XXX) Bald or Unknown

#### Skin Complexion (SKN)
- [ ] (DRK) Dark
- [ ] (MED) Medium
- [ ] (LGT) Light
- [ ] (YEL) Yellow
- [ ] (RED) Red/Auburn
- [ ] (RUD) Ruddy

#### Blood Type (BLT)
- [ ] (APOS) A Positive
- [ ] (ABPOS) AB Positive
- [ ] (BPOS) B Positive
- [ ] (OPOS) O Positive
- [ ] (UNKWN) Unknown
- [ ] (ANEG) A Negative
- [ ] (ABNEG) AB Negative
- [ ] (BNEG) B Negative
- [ ] (ONEG) O Negative
- [ ] (AUNK) A/RH Unknown
- [ ] (ABUNK) AB/RH Unknown
- [ ] (BUNK) B/RH Unknown
- [ ] (OUNK) O/RH Unknown

#### Foot Prints Available (FPA)
- [ ] (Y) Yes
- [ ] (N) No

#### Body X-Rays Available (BXR)
- [ ] (F) Full body x-rays
- [ ] (P) Partial body x-rays
- [ ] (N) Not Available

#### Circumcision (CRC)
- [ ] (C) Circumcised
- [ ] (N) Not circumcised
- [ ] (U) Unknown
- [ ] (N) Not Available

#### Glasses (SMT/Glasses)
- [ ] (Y) Yes
- [ ] (N) No

#### Scars, Marks, Tattoos or Medical Conditions (SMT)
- Describe and include location of all scars, marks and tattoos. List by name all medical conditions and required medications.

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Commonly worn jewelry type (JWT) and location of jewelry (JWL) - Describe where worn:

_______________________________________________________________________
_______________________________________________________________________

School Name and Address: ________________________________________________
_______________________________________________________________________

Mother’s Name (Including Maiden) and Father’s Name: _______________________
_______________________________________________________________________

Physician: Name, Address and Telephone: _________________________________
_______________________________________________________________________

Dentist: Name, Address and Telephone #: ________________________________
_______________________________________________________________________

Other Notes: _____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Photographs

Use this page for photographs. School photographs are best. If possible, include full frontal and side photographs including the shoulders. Record the date of the photograph and the age of the child in each photograph.
<table>
<thead>
<tr>
<th>1. Right Thumb</th>
<th>2. Right Index</th>
<th>3. Right Middle</th>
<th>4. Right Ring</th>
<th>5. Right Little</th>
</tr>
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</tr>
</tbody>
</table>

Left Four Fingers Taken Simultaneously | Left Thumb | Right Thumb | Right Four Fingers Taken Simultaneously
Children are like kites.
You spend a lifetime trying to get them off the ground.
You run with them until you’re breathless...

They crash...
You add a longer tail...
They hit the rooftop...
You pluck them out of the spout...
You patch and comfort, adjust and teach.

You watch them lifted by the wind and assure them that someday they’ll fly.

Finally, they are airborne, but they need more string and you keep letting it out and with each twist of the ball of twine, there is a sadness that goes with the joy because the kite becomes more distant, and somehow that beautiful creature will snap the lifeline that bound you together and soar as it was meant to soar - free and alone.

Only then do you know that you did your job.

Author Unknown
If you would like more information, contact us at:

NYS Division of Criminal Justice Services
Missing and Exploited Children Clearinghouse
4 Tower Place
Albany, NY 12203

1-800-FIND-KID
(518) 457-6326

www.criminaljustice.state.ny.us

Missing child photographs and biographical information and additional child safety information can be viewed on our website.

This booklet was produced as a result of a partnership between

NEW YORK STATE
MISSING &
EXPLOITED
CHILDREN
CLEARINGHOUSE

and

MetLife® Auto & Home

Special thanks go to the Columbia County (New York) Sheriff’s Department.

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