

“All About Me”



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# Child Personal Information and Fingerprint Kit



**1-800-FIND-KID**  
**[www.criminaljustice.state.ny.us](http://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: \_\_\_\_\_



## A Message About Safety

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 \_\_\_\_\_*

# Safety Tips for You and Your Children

## **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
- (RUD) Ruddy



## Blood Type(BLT)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (APOS) A Positive   | <input type="checkbox"/> (ANEG) A Negative   | <input type="checkbox"/> (AUNK) A/RH Unknown   |
| <input type="checkbox"/> (ABPOS) AB Positive | <input type="checkbox"/> (ABNEG) AB Negative | <input type="checkbox"/> (ABUNK) AB/RH Unknown |
| <input type="checkbox"/> (BPOS) B Positive   | <input type="checkbox"/> (BNEG) B Negative   | <input type="checkbox"/> (BUNK) B/RH Unknown   |
| <input type="checkbox"/> (OPOS) O Positive   | <input type="checkbox"/> (ONEG) O Negative   | <input type="checkbox"/> (OUNK) O/RH Unknown   |
| <input type="checkbox"/> (UNKWN) 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
- Not Applicable

## 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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## About Your Child (continued)

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

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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: \_\_\_\_\_

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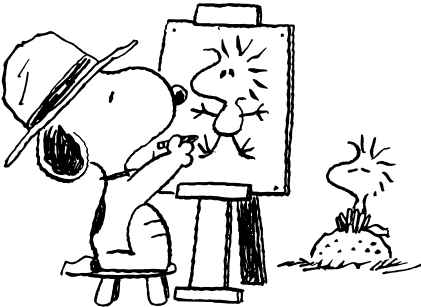
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# Photographs

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.



1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little
1. Left Thumb	2. Left Index	3. Left Middle	4. Left Ring	5. Left Little

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...

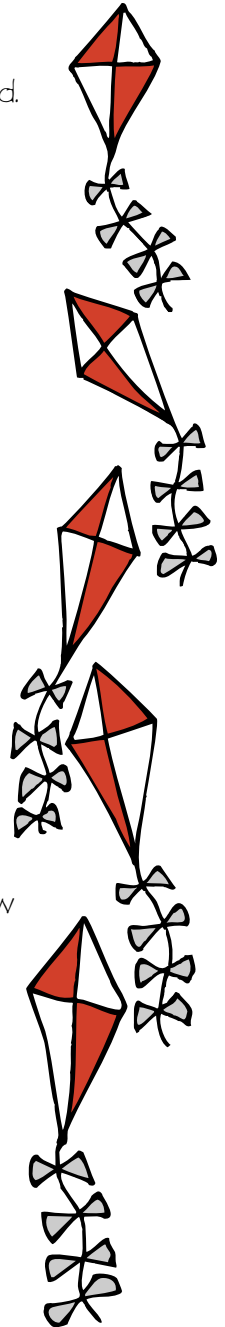
They crash...  
You add a longer tail...  
They hit the rooftop...  
You pluck them out of the spout...  
You patch and comfort, adjust and teach.

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



*Compliments of...*

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](http://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 &  
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CHILDREN  
CLEARINGHOUSE**



and

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