

5

CHILD'S PHOTO

Attach Photo Here

Child's Age in Photo

Date Photo Taken

Remember to update your child's photo every 6-12 months!

### Important Information for Parents

- 1 Teach your child how to use 911. Your child should also know his or her full name, address and phone number.
- 2 Teach your child about the dangers of strangers. For example, never go anywhere with someone they do not know. Do not approach an unfamiliar car.
- 3 Do not place your child's name on personal items. This information could be used by strangers.
- 4 Teach your child what to do if you are separated in a public place.
- 5 Know exactly where your child is and who they are with at all times.

**There is no waiting period before a missing child can be reported to the police. Report it immediately and have the info they will need on hand.**

To order additional Child Safe Kits, please log on to [www.aillife.com/ChildSafe](http://www.aillife.com/ChildSafe) or call 1-800-742-6783.



**Child Safe Kit®**



Endorsed by the International Union of Police Associations

This kit belongs to:

Child's Name

Completed on:

Day/Month/Year

Remember to update every year!



**AMERICAN INCOME LIFE**  
insurance company

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# PERSONAL INFORMATION

\_\_\_\_\_

Child's Full Name & Nicknames

/ /  Female  
 Male

Birth Date                      Age                      Gender

\_\_\_\_\_

Height                      Weight

\_\_\_\_\_

Eye Color                      Hair Color

\_\_\_\_\_

Street Address

\_\_\_\_\_

City                      State                      Zip Code

\_\_\_\_\_

Blood Type                      Medications

\_\_\_\_\_

Allergies, illnesses or other important medical information

\_\_\_\_\_

Social Security Number

\_\_\_\_\_ ( )

Mother or Guardian                      Phone Number

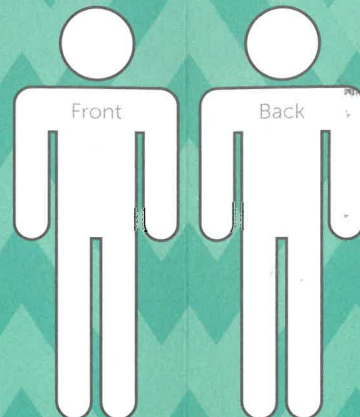
\_\_\_\_\_ ( )

Father or Guardian                      Phone Number

2

# PHYSICAL DESCRIPTION

Indicate any identifying marks or features with their location (birthmarks, scars, glasses, braces...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# DNA SAMPLE

Attach Hair Sample Here  
(Hairs must be pulled, not cut, and include the hair follicle or "root.")

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# FINGERPRINT INFORMATION

	Left Ring	Left Middle		Right Middle	Right Ring	
Left Pinkie	<input type="checkbox"/>	<input type="checkbox"/>	Left Index	Right Index	<input type="checkbox"/>	Right Pinkie
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Left Thumb		Right Thumb			
	<input type="checkbox"/>		<input type="checkbox"/>			

## INSTRUCTIONS

1. Lift clear protective sheet to expose ink
2. Lightly press each of your child's fingers on the ink
3. Press each finger flat **DO NOT** roll nail to nail
4. Allow chart to dry before placing into protective sleeve