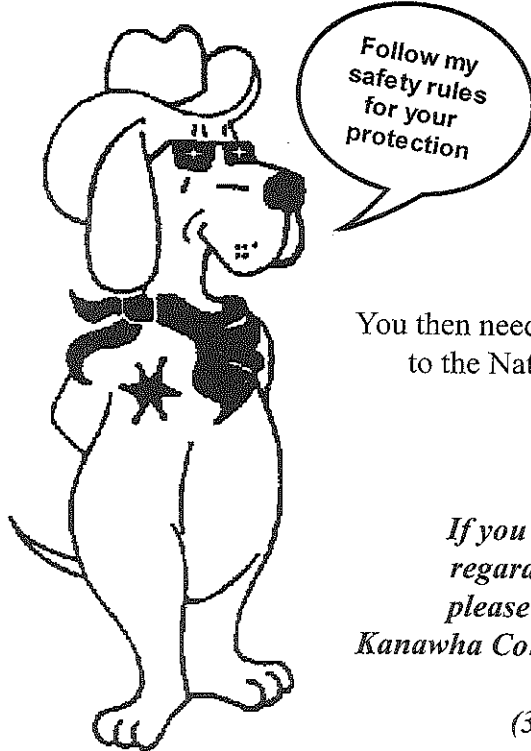


If your child is ever lost, missing or abducted, call your local police department immediately. It is imperative that you report your child as missing within the first 30 minutes

that you realize your child is gone. *Time is the enemy.*

The longer you wait to report your child missing, the more time the abductor has to get your child further away from you.



You then need to report your child missing to the National Center for Missing and Exploited Children at **1-800-THE LOST.**

*If you have any questions regarding this document, please feel free to call the Kanawha County Sheriff's Department at (304) 357-0159.*

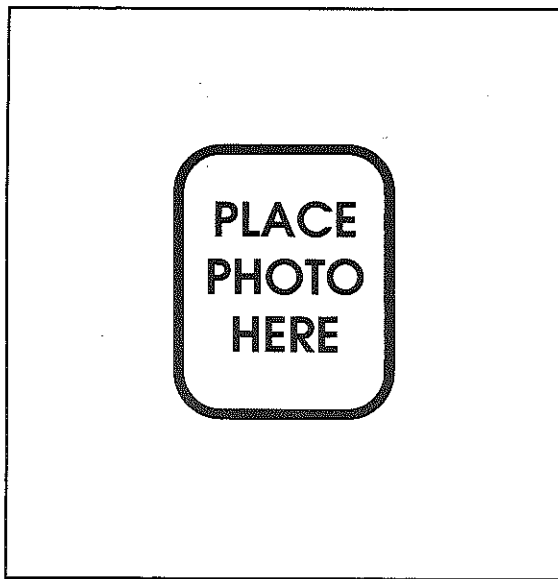
## Deputy Dog

MAKE SURE YOU STORE THIS DOCUMENT, UP-TO-DATE PHOTOGRAPH AND YOUR CHILD'S DENTAL RECORDS IN A SAFE, BUT EASILY ACCESSIBLE PLACE.

# KID PRINT ID PROGRAM



## IDENTIFICATION BOOKLET



- NOTE: A full length photo presents the overall view of the child and should also be replaced frequently with current photographs. School portraits are excellent for showing the facial characteristics and are available each semester.
- All records should be upgraded at frequent intervals in order to present a current I.D. when required.***

DATE: \_\_\_\_\_

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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## PERSONAL EMERGENCY INFORMATION ABOUT YOUR CHILD

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Nickname: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (hospital/other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Color of eyes: \_\_\_\_\_ Wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_

Color of hair: \_\_\_\_\_ May change to: \_\_\_\_\_

Complexion (circle one):

Fair-light

Olive

Light brown

Dark brown

Albino

Other: \_\_\_\_\_

Physical Build (circle one):

Slight build

Medium build

Heavy build

Personality Characteristics (circle one each line):

Outgoing

Average

Shy

Very Independent

Average

Very Dependent

Loud

Medium

Soft-spoken

Hand Preference: \_\_\_\_\_ Able to swim? \_\_\_\_\_

Bicycle description: \_\_\_\_\_

Languages spoken or understood: \_\_\_\_\_

Any physical handicaps? \_\_\_\_\_

Special problems (i.e. allergies, hearing and vision disorders or past major illnesses, accidents or operations): \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. & Policy Number: \_\_\_\_\_

Has child ever run away for more than 24 hours? \_\_\_\_\_

Any additional information (unusual habits, speech defects, etc.):

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